Oral Hygiene

VEMBER 1948

Greater New York Dental Society Meeting, December 6-10.

In This Issue:

MY FRIENDS AS PATIENTS

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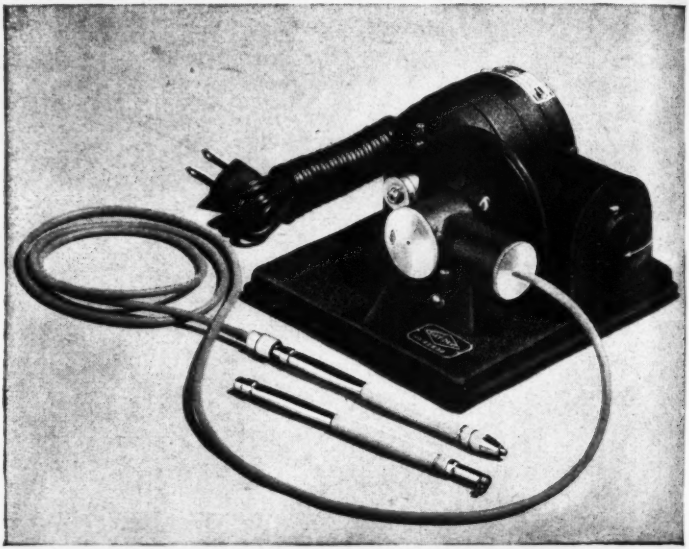
THE PNEUMATIC CONDENSER



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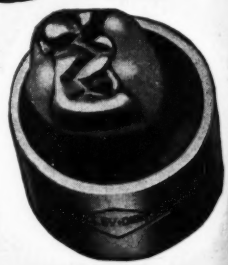

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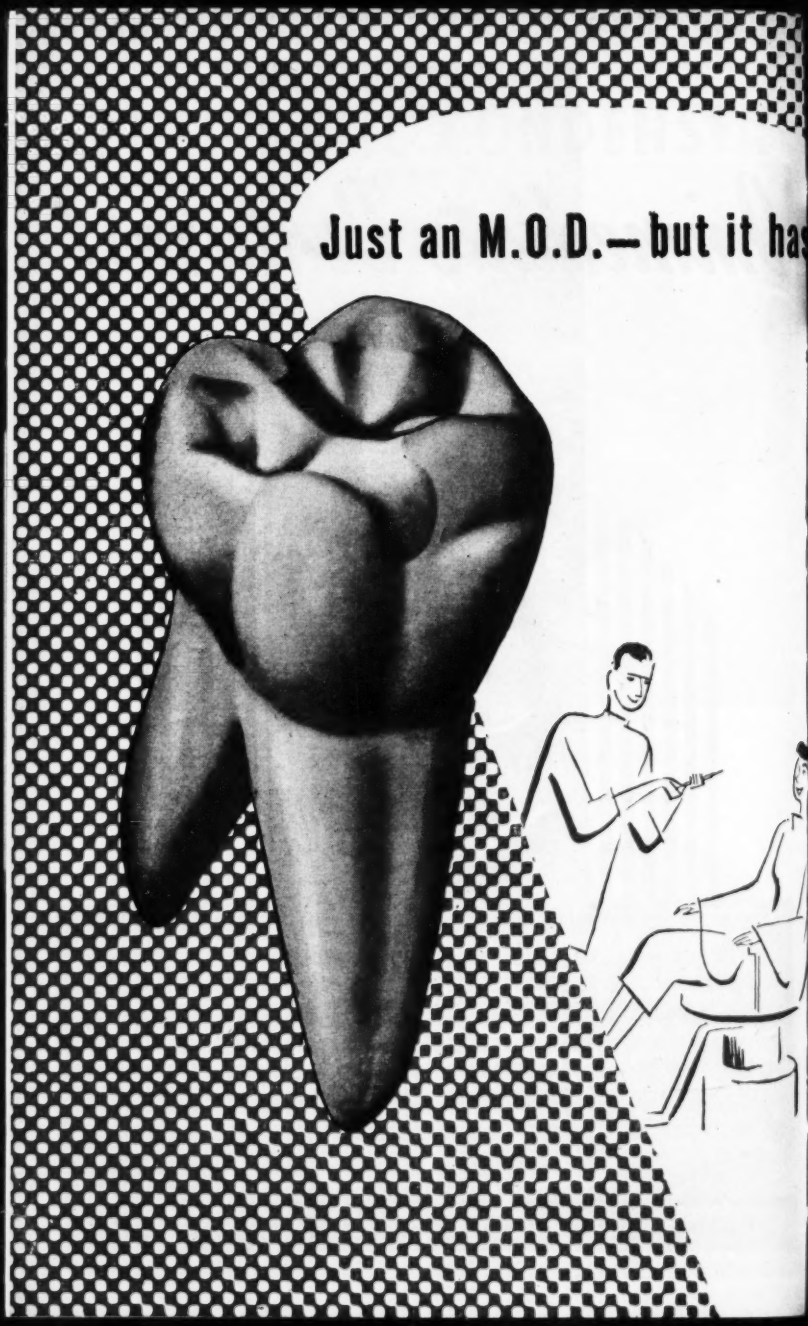
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The Publisher's Corner

By Mass **Number 328**

ABOUT DENTAL ASSISTANTS

QUITE LIKELY you have forgotten all about it by now, but the September CORNER quoted and unquoted Miss E. A. Luster of Louisville (who works in the dental field); she reported an unhappy experience in a dental office. The quotes have stirred up Miss Betty Frederick of Canton, Ohio. Betty is secretary of the Ohio State Dental Assistants' Association. She writes a lively letter.

Betty wants to know if Miss Luster's dentist is a member of the American Dental Association. "I wonder," she adds. In her opinion, "It was very unethical of him to ask, 'Who put in that lousy bridge?,'" but admits that "comments like this are becoming commonplace, rather than the exception."

Continuing, Betty writes: "Why should a professional man have a 'listless assistant,' who reads *True Stories* while on duty? Or one who says, 'Well, come on in—I believe we can work you in somehow,' instead of having an emergency period with a definite appointment? And WHY [Betty put that in capitals] did the doctor go away and leave the patient alone? Where was his assistant? Is she a member of the American Dental Assistants' Association?"

(*Continued on page 1712*)

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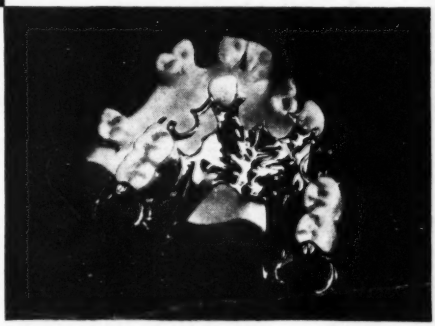

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(*Continued from page 1708*)

Conceding that it all could have happened to Miss Luster, Betty Frederick goes on to say that "it is just such happenings as this that have prompted the American Dental Assistants' Association to inaugurate their Certification Plan of higher education for dental assistants. With study classes, supervised by members of the American Dental Association, we hope to help train dental assistants who will know their duties and diligently practice them." Dentists must do their part, she says, if the plan is to succeed. "It is only through dentists' cooperation that the Certification Plan can be worked out to the benefit of the individual dentist," she emphasizes.

She pleads especially for help from "the minority of dentists who think we are upstarts," adding that "in the end, it will benefit the dentist, and the dental profession as a whole, much more than it will benefit the individual assistant."

Success of the Certification Plan, in Betty's opinion, will guard against the recurrence of such episodes as the one Miss Luster described in these pages in September.

"Reading this in ORAL HYGIENE makes a conscientious dental assistant feel very shamefaced," says Betty Frederick. "There must be a way to make ourselves able to merit the esteem of the American Dental Association, and the only way I know is the Certification Plan. Believe me, we want to be of service to our dentists and to their patients. Our Dental Assistants' pin bears the words EDUCATION, EFFICIENCY, LOYALTY, AND SERVICE. It is our sincere hope and belief that we can live by these words, and the Golden Rule."

She closes her fine letter with thanks for ORAL HYGIENE's "earnest efforts to bring about a greater understanding among members of the dental profession and their auxiliaries."

The CORNER will be mighty glad to receive any other com-

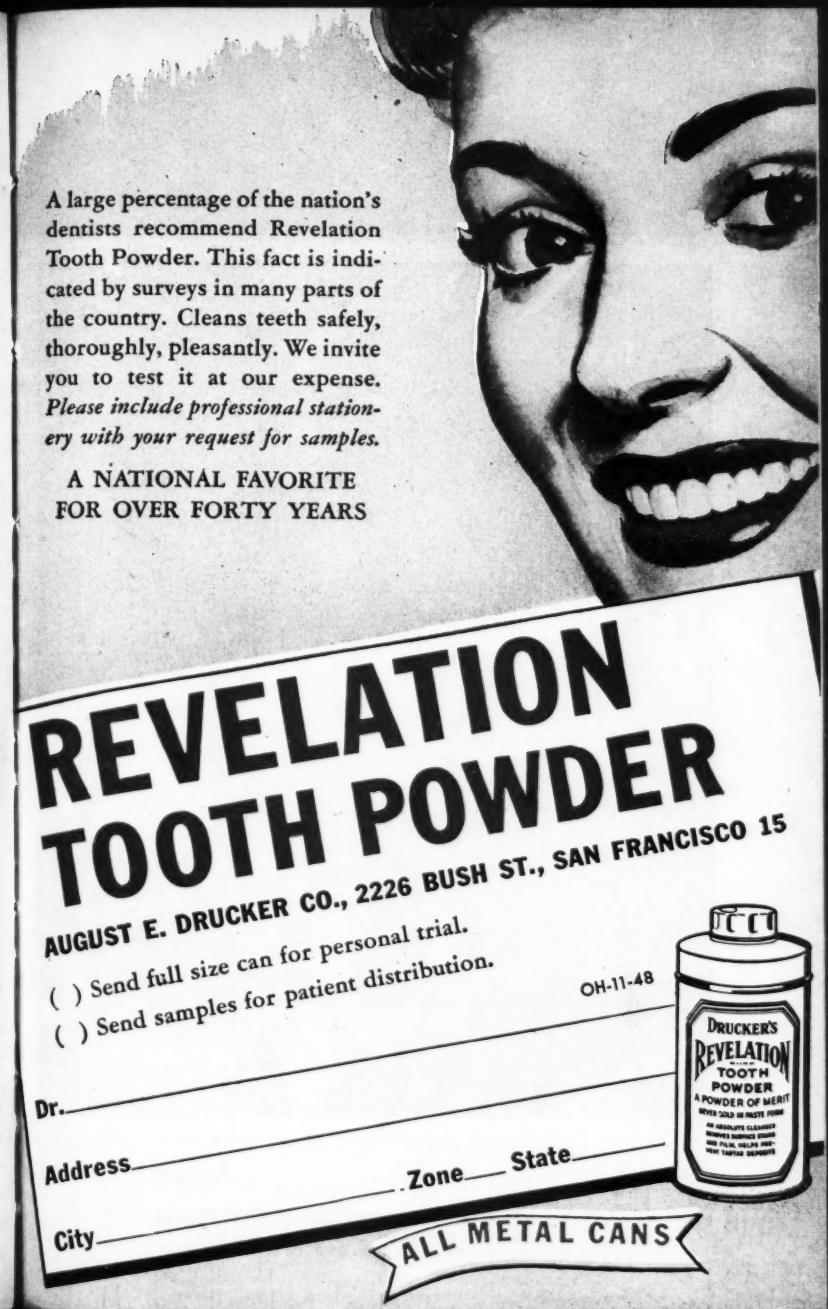
ments that may occur to dental assistants or their bosses. ORAL HYGIENE has always tried to help dental assistants any way it could since 'way back in the days when the late beloved Juliette Southard worked so hard to improve the lot of assistants. She was my friend and I saw her often, and I knew how hard she worked. Our own main contribution to the cause in those days was a special edition each month for the American Dental Assistants' Association; it carried a section devoted to the association's affairs which tireless Juliette edited herself. When the organization grew large enough to start its own journal, ORAL HYGIENE's special edition was discontinued by mutual consent so that it might not interfere with the association's own new magazine.

Despite our not having carried the American Dental Assistants' Association section for many long years, the girls still seem to be reading ORAL HYGIENE itself with the same old interest.

Each month, we send a questionnaire to a cross-section group of dentists asking what they've read in the current issue. At the very end of the questionnaire, there is a pair of questions: "Do you employ an assistant? Does she read ORAL HYGIENE?"

This office's Number Nelly checked up a while ago on the answers to these two questions. She found that of dentists reporting that they *do* employ dental assistants, 83 per cent reported that their assistants *do* read ORAL HYGIENE. In arriving at the 83 per cent, Nelly excluded answers from all dentists who said that their assistants read the magazine only occasionally.

Thanks for writing to the CORNER, Betty. Do it some more, and encourage your friends to write, too.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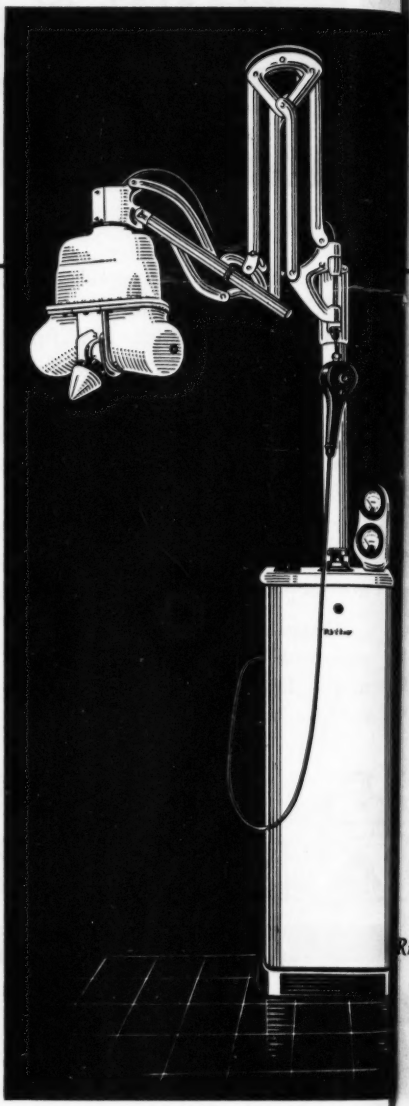

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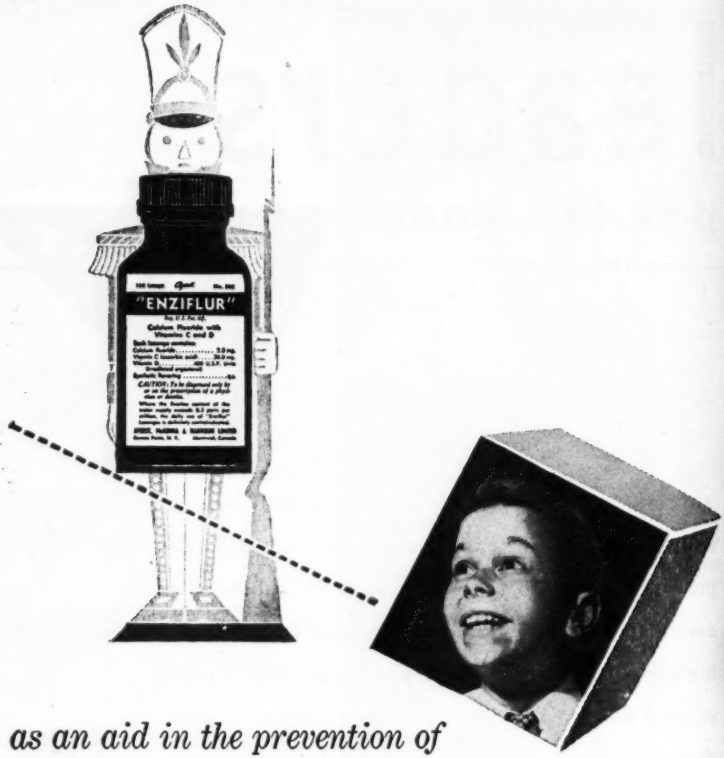

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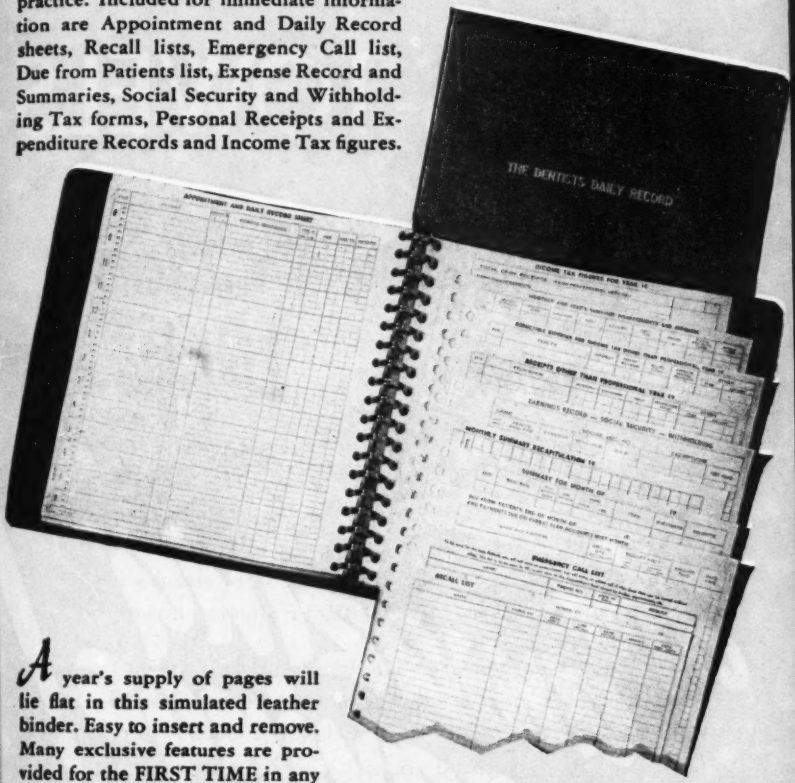

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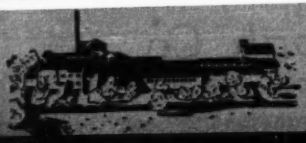

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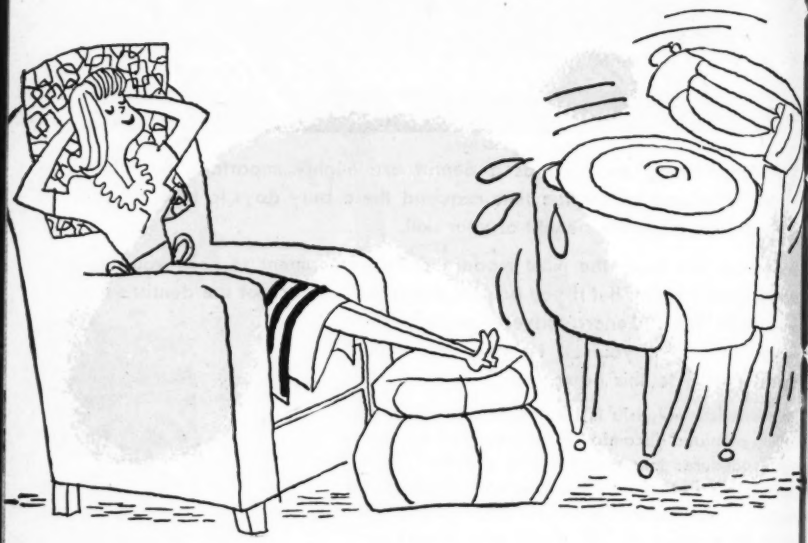

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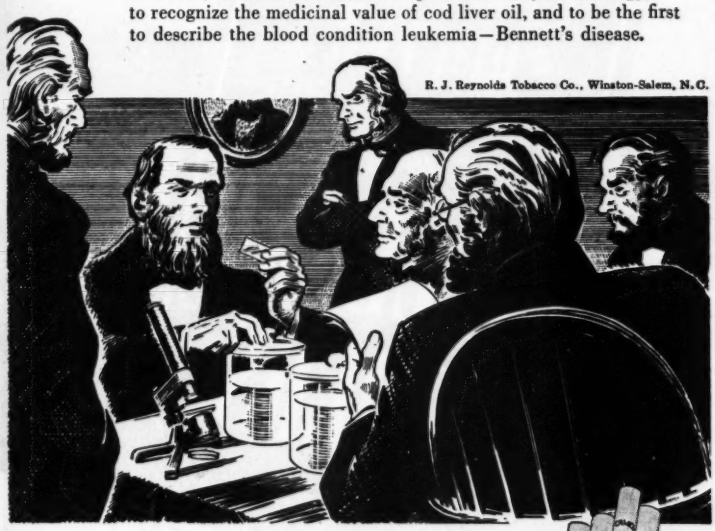

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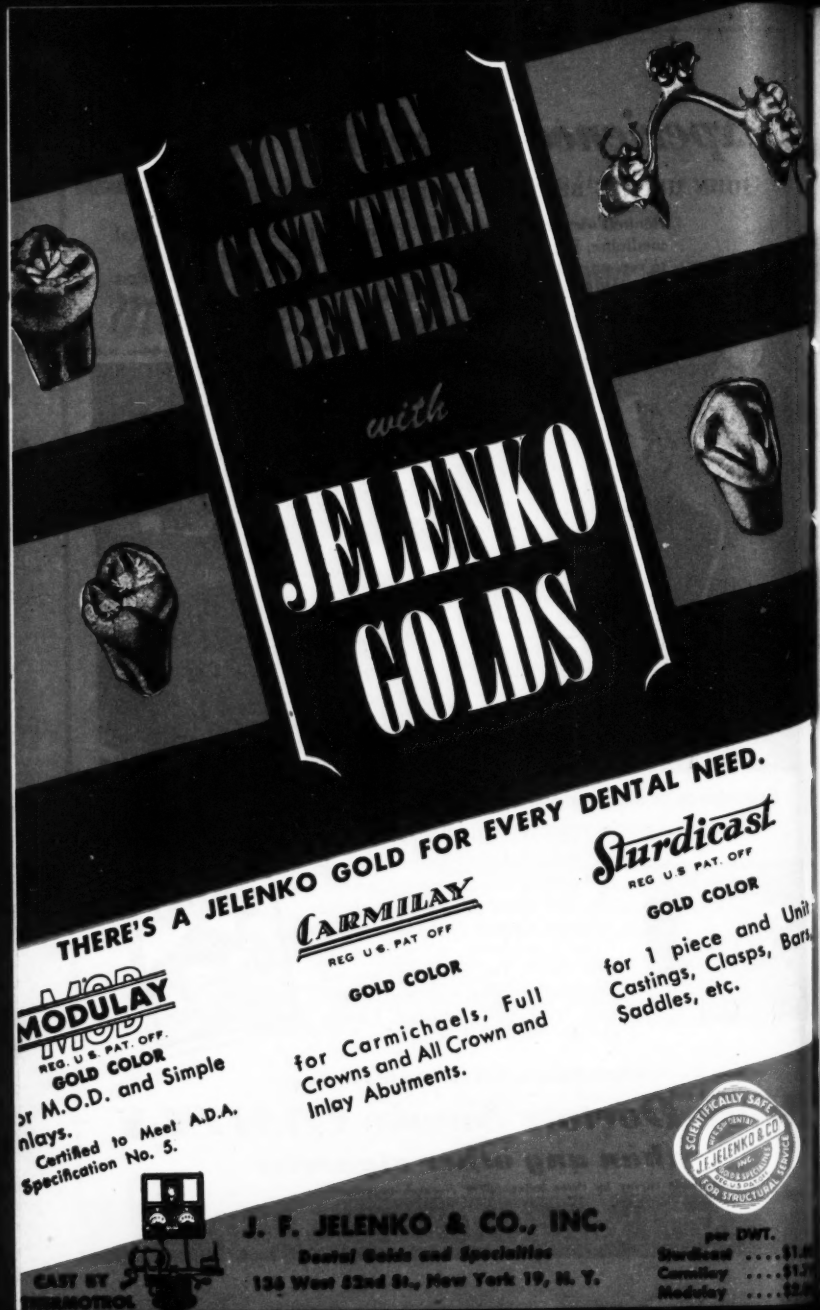
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Oral Hygiene

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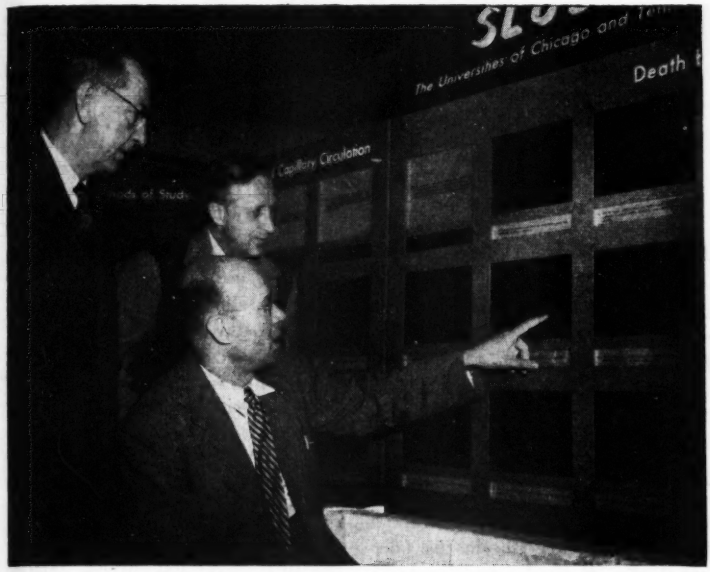

AT THE ANNUAL Midwest Seminar of Dental Medicine, Maxwelton Braes, Baileys Harbor, Wisconsin. Left to right: Edward C. Stafne, D.D.S., Director of Dental Division of the Mayo Clinic, Rochester, Minnesota; Balint Orban, M.D., D.D.S., Chicago; and M. H. Knisely, Ph.D., Charleston, South Carolina. Knisely is speaking on the circulatory system in health and disease.—*Photograph by Howard A. Hartman, D.D.S.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 *Church Street, Evanston, Illinois.*

My Friends As Patients

By STANLEY C. BROWN, D.D.S.

No PERSON can practice dentistry successfully unless his patients are his friends. Dentistry has not yet reached the point where it can disregard human relationships which, if cultivated judiciously, can blossom into cooperative friendships.

As poets conceive and portray friendship, few persons have more than one friend! But let us take a broader view of our friends in our practice and perhaps find the poet's friend outside our practice. For the sake of honesty, let us consider all patients as our friends and try to place them in their proper place on the ever-interesting list of cultivated friends.

Social Friends

High on our list of cultivated friends are our social friends—friends we have made either through our dental services or some social function. These friends come to us for dental services as a matter of course. They really do enjoy our company and personality outside of business hours. Even a few of these friends seek our opinions relative to their vocation. They are impressed with our judgment and understanding of our vocation. But one must always be cautious of giving advice outside his own vocation, as many a well-cultivated friendship has been lost simply through offering "advice." But sincere counsel, based upon vocational practice and experience, will cement the ties of such cultivated friendships.

Then we have the usual type of friends, better known as casual friends. These friends love to call you "Doc," not in a sense of pro-

fessional respect but rather in the spirit of "I knew him when." These friends are easy to draw into your practice but difficult to lose. They often expect service on the odd hours, at a reduced fee. Occasionally one of this breed will ask for a cash loan even though his office account may be long overdue. You may make the loan and eventually receive payment in full for the loan and account receivable, but it seems unwise to cultivate this type of patient friendship.

Critical Friends

One of the most interesting of patient-friends is the person who really respects your professional ability yet feels that this friendship is such that he can impose his concept of dental needs. This is the type of friend who will make you choose between actual dental needs and getting by with a service. This type of patient probably will stimulate all the unpleasant emotions known to man. The easiest way to handle such a situation is to have supreme confidence, just short of conceit, in one's ability to produce. Keep the ugly emotions well bottled up and put forward the supreme confidence you have in your judgment of dental needs over that of your patient-friend. Once this type of friend finds you wrong in your judgment, you can consider him lost to your practice.

This type of patient-friend tests your true professional ability. Serve him well and you have a successful practice. He sends you new patients; he pays his bills on time. He is, indeed, a true friend of dentistry. His desire to dictate his needs to you is based upon past experiences where he did not understand his dental services. He simply lacks understanding of dentistry's possibilities and limitations. Once he finds you interested in relating dentistry to his particular needs, he will relax and submit willingly to your services.

Do you recall the patient-friend who always uses a small mirror to watch you operate? Remember how you maneuver so that her vision is impaired, and she tries to adjust herself to overcome *your* inconsideration? This type of patient is a nuisance because her maneuvering only adds up to a most unpleasant and unsatisfactory dental experience. No fee is large enough to compensate for the unpleasantness. It is better to suggest that such a patient seek dental services elsewhere.

Emotional Patients

Other patient-friends who test our ability to "win friends and influence people" are those who have acquired a fear and dread of any dental experience. To be sure few patients "love" the dental experience, but a few have no desire to control their emotions. They seem to feel that it is an endurance contest. They want the best in den-

tistry, the minimum of time and expense, yet seem to feel there need be no cooperation on their part.

Do you recall the friend who called you late one evening reporting a terrible toothache? You recommended a home remedy and had the patient call at your office before hours the next morning. Upon examination you discovered a long-neglected dental condition. It was almost impossible to render a completely satisfactory service in the time limit, but this friend was "scared to death" and expected you to perform miracles.

Do what you can to relieve the immediate complaint of such a friend, but in so doing be sure to impress the patient with the importance of his cooperation and interest in his own dental needs. This type of person can be placed upon your call list and, if followed up, can be developed into a most satisfactory patient.

A rational point of view toward all our patient-friends is one of personal consideration and professional services. Social friendships cease when the patient enters your operating room and submits himself to your professional judgment and services. This point of view must be assumed even though rendering a service for someone in the immediate family. Your wife and children should be regular patients, given every consideration other patients receive. Regular recall appointments during office hours is the only way one can provide an adequate dental service for

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ORAL HYGIENE AWARD

This article by STANLEY C. BROWN, *D.D.S., has won the* $100 ORAL HYGIENE *award for the best feature published this month.*

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members of his immediate family, unless one wishes this service to be rendered by another dentist at his regular fee.

In every practice we find a few more intimate social friends. These patients are most considerate, and usually cooperative if the office treats them with like courtesy.

Should there ever arise a choice between two services, the patient should always be consulted and given the opportunity to aid you in making the choice. However, no discount fee should ever be a factor. The merits of every service should be understood by both the patient and the dentist and a profit fee established.

Of course, there may be a few social friends who seem to feel that they should be given special consideration both as to appointment time and fee. This kind of thinking on the part of such a patient should be discouraged by wise counsel on the part of the dentist. Building and maintaining a practice on "discount-fee patients" is most unsound business and always leads to inferior services. Rather than developing a close bond of friendship and understanding, these unsound habits ultimately lead to misunderstanding and a strained, if not broken, friendship. And no

dentist has a worse enemy than one resulting from a broken friendship or from misplaced professional confidence.

The true friends in our practice are those who seek our services first because of another friendship. From this opportunity we either make lasting friends and patients or we send them away uncertain or disillusioned, depending upon our integrity and ability to serve. There are times when our fee may seem quite out of the reach of some of our friends, but this should be no basis for a lost friendship. Our integrity should weather this circumstance. Lowering a fee beyond all sense of profit and then rendering an inferior service is one sure way to lose a friendly patient.

Dentist-Patients

To render a dental service for one of your colleagues is a compliment indeed and warrants your best efforts. How to schedule this service time and the fee to be charged is a matter of judgment and personality traits. If two dentists get together for service exchange and devote all their time to telling stories or criticizing other dentists, then a different arrangement should be worked out for the patient's dental health.

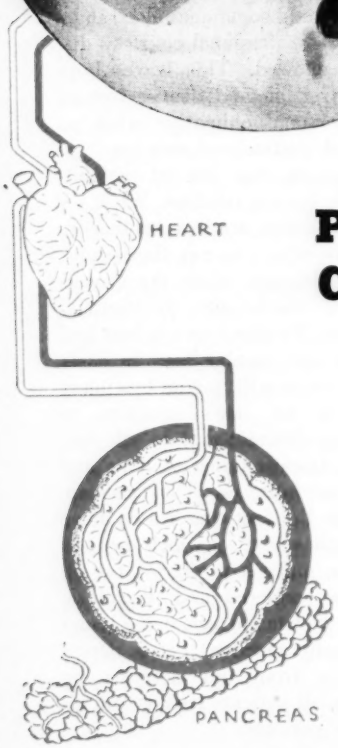
In some cases it is wise to make a regular appointment with your dentist-friend and pay him his regular fee. Likewise you might render a better service for your dental friend if he too were treated as a regular patient rather than "just a dentist." Dental friendships have been shamed because of inferior dental service rendered by one dentist to another. However, there is no reason why dental services cannot be exchanged. Where this plan is used, a regular appointment schedule is advisable and each dentist pays his laboratory and material costs.

Such a plan as this is not advisable between physician and dentist. This type of relationship is much better if a regular fee is charged and some mutual arrangement of professional courtesy discount allowed. This leaves both the physician and dentist free of any personal obligation when in need of professional services.

Also on our list of patient-friends are our relatives. When we buy groceries from a brother-in-law, we expect to pay the regular price. So, too, when the grocer-relative seeks our professional services. We give him our best and charge our regular fee. In cases where there will not be too many relatives in one's practice, a courtesy discount may be allowed.

Our friends understand us and value our services. They also appreciate the fact that we do have obligations to meet which demand that we make a profit fee for all services rendered and, therefore, cannot devote our practicing hours to friendly gestures. Let us derive pleasure from our services by making all patients friends and all friends patients.

Ithaca, Michigan



This discussion of the oral manifestations of diabetes may help you in your dental practice.

Destructive Periodontal Disease Caused by Diabetes

*By LESTER HOLLANDER, M.D.**

DIABETES MELLITUS is a chronic disease which renders its victims incapable of metabolizing carbohydrates efficiently. Where the cause of this inability lies, whether it is in the islands of Langerhan in the pancreas, or in the parenchymal cells of the liver which transform sugar into glycogen, or in the tissue cells where the latter is

*Medical Director, Pittsburgh Skin and Cancer Foundation.

stored, or some place in the ductless gland mechanism such as the pituitary gland, is still undetermined. Fortunately, it is still the subject of intense study and search. Although great strides have been made in the appreciation of such basic evaluations as blood sugar determinations; urinary sugar output; the association of hypertensive diseases and diabetes mellitus; the use of diets, insulin, and vitamin therapy, diabetes mellitus is still one of most frequent causes of disability, distress, and death.

Improper sugar chemistry of the body renders it incapable of furnishing proper nutrition generally and also at certain specific locations, thus resulting in debility which leads to actual cellular demise.

This phenomenon then is responsible chiefly for the lack of proper protective ability against pathogenic microbic invasion and the formation of necrotic areas, abscesses, and gangrene which may occur at any site of the body.

All the foregoing is of common knowledge, but this knowledge is applied infrequently in the appraisal of localized necrosis of the gingivae or the periapical areas of the mouth. Perhaps a short recital of two similar case histories will serve to arouse the sympathetic interest of the dental profession. Since diabetes mellitus is a frequently encountered disease, this interest may produce beneficial results.

In two personally observed patients, the earliest appreciable symptoms of diabetes mellitus appeared in the mouth. In both patients soreness and edema developed at the gingival margins. This persisted for several weeks and made ordinary employed oral hygiene painful and even difficult.

While they were under the care of their respective dentists for this painful gingivitis, multiple apical abscesses developed which necessitated several extractions. The process of healing which followed was exceedingly slow. Severe inflammation developed at the sites of extraction. This at first was only distressing and painful, and was interpreted as a form of "dry socket." Later it assumed greater significance. In one patient all the upper teeth, and in the other one all upper and lower teeth, had to be sacrificed to a rapidly advancing alveolar disease.

Each patient was severely upbraided by his respective dentist: he did not brush his teeth properly and often. In each patient the collapse of the gingivae was interpreted by his dentist as an evidence of a local disease caused by calculus deposit, though curiously enough no such deposit was demonstrable. Through the entire period from the start of the stomatitis, each patient was subjected to topical treatment with supposed antiseptics and bacteriostatic and antibiotic agents.

Later, when other symptoms of polydipsia, polyuria, and lassitude

appeared, the presence of sugar in the urine pointed the finger to the real culprit of the cause of the apical abscesses. The association of the stomatitis, gingivitis, and periodontal disease later was understood when the control of the rampant sugar metabolism brought about a new and a healthier condition of the gingivae. The dentures which replaced the natural teeth at first could not be worn by either patient. Only after the control of the diabetes was it possible to make suitable and wearable dentures for each patient.

During the hectic period before the disease was diagnosed and during which the "battle of the dentures" ensued, all the difficulty encountered was blamed by the respective dentists on the lack of cooperation of the two patients. At no time did it occur to either dentist that there might be a systemic disease which was responsible for this deplorable condition. Not that technical books do not warn of these systemic causes, nor that the finding of sugar in urine and blood are such difficult procedures. Even a cursory review of the literature tells of this association of diabetes mellitus and gingival disease.

Kummel[1] in his classical book discussing pyorrhea alveolaris stated that diabetes mellitus plays an important role in many patients.

Thoma[2] in his excellent treatise on periodontal disease stated that diabetes mellitus caused these distinct symptoms in the mouth:

a. Dryness
b. Swollen tongue
c. Viscous salivary secretion
d. Swollen, red, spongy gingivae
e. Calculus of supragingival nature, leading to marginal periodontitis.

Sutton[3] described diabetic stomatitis as being characterized by deep red color and extreme dryness of the mucosa.

Wiener[4] quoted Ruby and Cohen who examined the mouths of 403 diabetics and found 138 who were edentulous. They also found heavy supra- and subgingival calculus deposits in uncontrolled diabetic patients. Gingivitis, swollen and bleeding papillae, and abscesses were common. They also reported that the dental condition improved when the diabetes was controlled.

The dentist should bear in mind the role of diabetes mellitus under similar conditions and direct such patients to the proper clinicians for the needed blood and urine tests.

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[1]Kummel, W. V. M., und Kummel, Krankheitem: Des Mundes, Jena, Gustav Fischer, 1922, page 213.

[2]Thoma, K. H.: Oral Pathology, St. Louis, C. V. Mosby, 1941, page 692.

[3]Sutton, R. L., and Sutton, R. L., Jr.: Diseases of the Skin, 10th Edition, St. Louis, C. V. Mosby, 1939, page 1508.

[4]Wiener, Kurt: Skin Manifestations of Internal Disorders, St. Louis, C. V. Mosby, 1947, page 444.

So You Know Something About Dentistry!

QUIZ L

1. Which of the following are inverted cone burs? (a) 33½, (b) 35, (c) 8, (d) 37, (e) 38, (f) 556. .....

2. In hyperpituitarism with resultant acromegalia, is the maxilla appreciably affected? .....

3. The meniscus (interarticular fibrocartilage) is interposed between the condyle and fossa (a) at all times, (b) only in lateral movements of the mandible, (c) only in protrusive movements of the mandible. .....

4. Are silicate cements more ideal than amalgam with regard to thermal expansion? .....

5. Which of the following are used as accelerators in the setting of plaster of paris? (a) sodium chloride, (b) zinc oxide, (c) potassium sulfate, (d) sodium bicarbonate. .....

6. Ulcers of the mouth should be viewed with mistrust if persisting for (a) ten, (b) six, (c) two, weeks. .....

7. True or false? As the stimulating action of aromatic spirits of ammonia is of short duration, a moderate dose may be repeated in from fifteen minutes to half an hour when given by mouth. ....

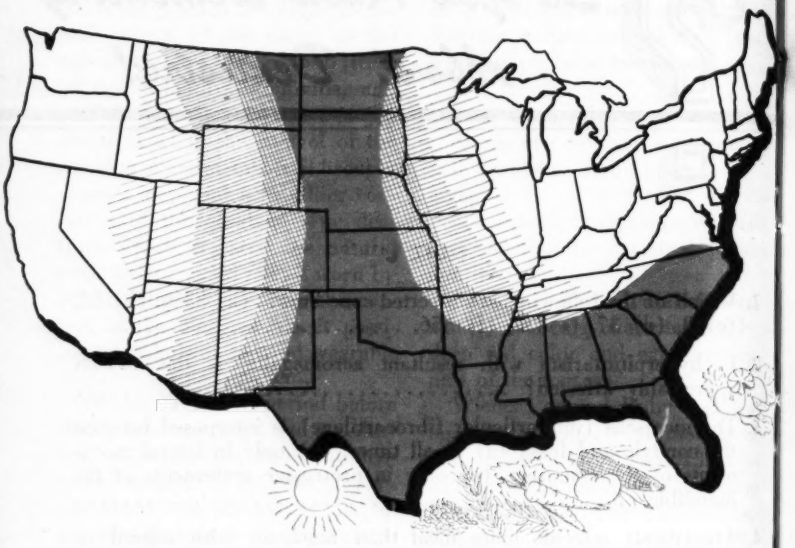
8. In the rationale of the Howe technique, is eugenol (a) more effective than, (b) as effective as, (c) less effective than, formalin? .....

9. What type of cement is recommended for cementing acrylic veneer crowns? .....

10. The lesions of Vincent's (fusospirochetal) angina are confined to (a) the tonsillar tissues, (b) the pharyngeal tissues, (c) the tongue. .....

FOR CORRECT ANSWERS SEE PAGE 1774

Is dental health related to physical environment?



Regional Dental Health Conditions

By HERBERT H. SCHMITT, D.M.D.

DURING THE recent war years, I had an opportunity to observe the general and dental health conditions exhibited in a cross section of the many thousands of unemployed persons who came to Portland, Oregon, to work at high wages in the mammoth shipbuilding plants. The workers included engineers, architects, machinists, mechanics of various kinds, white-collar workers, and many farmers; more than a hundred thousand men and women of all ages from every state in the country.

My experiences with many of those people unfolded an amazing dental health picture which differed in persons according to the area where they were born and reared. One of the outstanding

features observed was the better dental health conditions and less dental caries exhibited by persons from the area embracing some of the fringe states of the South, extending from Virginia to Florida, west to Texas, and then northward, embracing the states immediately east of the Rocky Mountains, to the Canadian border.

What could possibly have been the factors or pattern which produced the favorable dental health phenomenon exhibited by those people from that section of our country? Was it brought about by more actinic rays in sunlight, by the quality of the soil and food, or by the better selection and use of the food and its better digestion and resulting normal metabolism? Climatic conditions and food quality probably were important factors.

Persons from that area, with some exceptions, exhibited better calcified teeth and jawbones, good tooth alignment, ideal toothform with proper contact surfaces, and firm healthy gingival tissues. Groups from other areas exhibited, in contrast and with some exceptions, every degree of dental caries, defective calcification, degenerated toothform, open contacts, deformities, malpositions, weak and flabby gingival tissues, acid mouth secretions, hypersensitive teeth, diseases of the investing tissues, and premature loss of many teeth especially among younger persons.

A variety of theories or concepts have been propounded in an effort to explain the probable causative factors involved in the annoying and destructive pathologic process of dental caries. Perhaps some accepted concepts concerning dental caries are as yet superficial and provincial. They lack sufficient biologic facts based on clinical experience with a variety of patients living in different climates or environments and on diets different in nature and quality over a period of years.

Diet

Unfortunately, because a carious tooth cannot be restored by the process Nature uses in healing a broken bone or other impaired tissue, a popular belief persists that our teeth are merely mechanical units without vital connections with the body's complicated blood supply and nervous system. That belief is fostered by the phenomenon of carious teeth developing, sometimes extensively, in those who claim to follow a balanced or basic diet formulated by medical and dental systems of applied nutrition. It also is fostered by the fact that a restored tooth often develops recurring caries, regardless of the use of a so-called basic dietary plus local protective measures. When caries thus occurs and persistently recurs, the laity inquire, "How come?"

After many years of clinical experience in battling the various forms of bad dental and related systemic conditions, it became evident that dental diseases and de-

formities can be and often are just as deep-seated and complicated as are other systemic ailments. Also, it appears there are two general types of dental caries as to origin:

1. Those cases which develop as a result of local oral conditions under normal systemic conditions.

2. Those cases which develop as a result of disturbed systemic conditions, usually a sequence of functional disorders; or as a result of the effect on the glandular system, in early childhood, of toxic infectious diseases usually associated with a deficient dietary regime or a weak digestive system; plus adverse local oral conditions.

The local origin type of caries comprises a small per cent of total cases and is well known to develop primarily from the action of acids or similar agents which form when certain food remnants, including such as sweets, milk, meat, or other fermentable agents, become lodged between the teeth or in pits and fissures in tooth surfaces. The destructive agents formed there gradually break down a small point in the enamel by a chemical process. This forms the initial lesion; followed by the destruction of adjacent tooth structures. Recurring caries seldom occurs in this type of cases.

The systemic type of caries develops primarily from an unbalanced or excess acid-forming dietary. The resulting unbalanced body chemistry produces salivary secretions weak in alkaline buffers and acid mucous secretions in the gingival area which attack and dissolve tooth structures extensively. This is aided by products formed by bacteria and fungi, usually present and active in such a favorable medium, plus the ferments formed from food residue which becomes lodged on or in between some or many of the teeth. Recurring caries in restored teeth is the rule in this type of cases. Prolonged nervous tension is believed to be a factor in disturbed metabolism.

Food Elements

It is well known that in some areas of this country the soil has become depleted of certain elements necessary for the growing of quality foodstuffs. It is recognized that the soil in some areas is naturally devoid of elements such as iodine, fluorine, iron, and manganese, all of which are deemed important for good nutrition, especially in early childhood. Early in my dental career, cod liver oil was extensively prescribed for youngsters to aid nutrition and normal growth. Its taste was not pleasant but, fortunately, it contained, among other things, traces of iodine, fluorine, and vitamins A and D. The human organism in early childhood must have all the necessary food elements available in order to develop normally; especially all its functional organs.

Research investigators have stressed in recent decades the im-

portant part played by the glandular system; especially the thyroids, in metabolism. Under normal body conditions, the thyroids help to develop and maintain normal health and sound dental health. Perhaps this is not fully appreciated by some dieticians.

Dental Caries

Frequently, cases of rampant caries are encountered in both parents and their offspring. Apparently, such a dental condition can be said to result from an inherited tendency toward chronic faulty nutrition or metabolism; and this constitutes a condition which I prefer to call an "hereditary dental caries diathesis." Attempts to correct such a complicated internal condition by the use of vitamins or calcium compounds have not worked out effectively. The prescribing of large amounts of milk in the daily dietary has not produced the desired results and may aggravate the bad situation.

Normal health results from the operation of normal body functions. Disease, including dental lesions, results from abnormal body functions, or impaired metabolism, which may be inherited or acquired through the lack, the misuse, or the faulty digestion of quality foodstuffs, or through disturbed glandular function, plus the influence of an adverse local environment and nervous disturbances. Local environment includes those cases of dental disease developing as a result of blood stream contamination in the handling of toxic metals, toxic chemicals, toxic drugs, and the processing of certain foodstuffs. Usually such contaminations involve the physiology of the facial artery.

A sound dietary must possess the necessary elements to produce and maintain the normal *p*H or acid base balance of the body; especially in early childhood, in order to bring about the development and maintenance of sound dental structures. A basic dietary which is adequate to meet the needs of one group of people may not be adequate for the needs of a different group living in a different climate and having different environment, a different standard of living, or different hereditary tendencies.

We must diagnose dental conditions in relation to possible disturbed systemic conditions, including hereditary factors, or occupation contaminations; and we must regard some dental lesions as an external oral manifestation of internal disturbed conditions. The restoration of a carious tooth or other local efforts to correct oral or dental difficulties, are only parts of the necessary health services to be rendered. Attention to systemic conditions is equally important and necessary if one is to render a reliable dental health service of permanent value to the patient and of satisfaction to ourselves.

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Don't "Lend-Lease" Your Name

By HAROLD J. ASHE

DENTISTS RIGHTLY count as their most valuable — if intangible — asset their good name in the community. This includes not only the respect in which they are held by their associates, patients, and friends, but the impression that strangers have as to their professional and personal integrity.

A good name is not inherited; it is earned by the dentist's day-to-day actions and behavior; by his reaction to situations; by his conduct toward his fellow men. He can lose it by the scratch of a pen, the nod of his head, by a promise given without reflection. Without the dentist's character undergoing any change whatsoever, his reputation can be destroyed overnight.

In no way is it easier for one to lose his reputation than by "lend-leasing" one's name to some allegedly worthy cause, which later events expose as a fraud upon the public, and in which the innocent and well-intentioned sponsor must bear his bitter share of responsibility.

These causes are as varied as the

fertile minds of their promoters can devise. They range from stock swindles to every conceivable type of charity racket. All have one thing in common: to fatten the pocketbooks of the promoters.

Industrial Promoters

Every year communities, about the time the sap starts to run, get the urge to grow, to gain new industries. This is a perfectly legitimate ambition. It is this fact, however, which disarms professional and business men, makes them ripe for exploitation by industrial promoters whose intentions are dishonorable. These promoters have on tap a wide assortment of blue-sky propositions designed to intrigue the most exacting. Or, they are prepared to go along with whatever the community already thinks it wants.

Promoters have long since learned that, coming in as strangers, they can get nowhere unless they "sell" some of the town's leading citizens. They concentrate on key people. Maybe the mayor is made president of the corporation, and is "slipped" some promotional shares free. A few other shares are distributed where they will do the most good. The board of directors may include a prominent dentist, a surgeon, a small candy manufacturer, the town's wholesale grocer, and the retired superintendent of schools, many of whose former students are now in middle years and ripe for plucking.

Now the corporation is ready to peddle its stock. It has prominent men who have either been bribed with free stock, or who have foolishly put up their own money in the mistaken belief that such an industry will benefit the town. Acting on faith in the integrity of the board of directors, all of whom are well known and have been hand-picked for that reason, townspeople buy stock with their savings. They cannot lose. A four-color prospectus that a legitimate stockbroker would shun sets forth fanciful figures assuring all that fabulous profits are inevitable. Despite the fact that businessmen are on the board, each of whom has complained about the nominal profits in his own business, none seems to have the wisdom to question these figures, or to investigate realistically the possibilities for success for the factory.

Investors

A retired postal clerk takes his life savings to buy stock because he has confidence in his fellow townsmen on the board. A minister invests $1,000 painstakingly saved out of twenty years of church labor. A scrub woman, seeing the dentist's name on the advertising literature, and insisting "he's the most honest man I've ever known," digs $200 out of a fruit jar and is on the road to riches.

Six months, a year later, the bubble bursts. The promoter fails to return from a business trip. The funds are gone. The company is hopelessly insolvent. Maybe stockholders will get 10 cents on the dollar.

That's one way for a dentist to "lend-lease" his name and lose it!

Another suicidal way to destroy one's good name is to endorse a charity racket. There are undoubtedly more charity swindles in the United States than there are legitimate charities. Unfortunately, the swindles are not well known by name and, in fact, the promoters deliberately change organization names when exposed and move on to greener pastures.

About all that is required to start a charity swindle is an office, some high-grade stationery, well-illustrated folders adorned with "tear-jerking" scenes, a reasonably bright promoter, and an imposing list of "sponsors." No charity swindle is really a success unless its letterhead carries an extensive list of the names of prominent sponsors printed on the left-hand side of the letterhead, sometimes overflowing to the back of the sheet.

Charitable Object

There is one other requirement: an object for which the charity is being conducted. This last presents no obstacle, as any experienced promoter can come up with a worthy cause. It may be to build a clubhouse for delinquent children, or provide decent burials for circus aerialists. The charity may be a purely local affair, or be national in character if the promoters are "big time" and imaginative. It may be international in objective, such as succoring the European refugees.

Another point to remember is this: the object of the charity is usually one that sensible people with humane instincts and normal reactions can endorse. This is no assurance the objects will benefit, or that management is even well intentioned, though it may be, if bumbling.

This is not intended as a reflection on the thousands of soundly managed bona fide charities which are doing such excellent work in America and throughout the world. However, by the excellent records of such organizations, swindlers find it easy to set up shop. They copy the techniques of legitimate charities; including the inevitable "sponsor lists."

As in stock-promoting swindles, so too in the charity rackets, sponsors serve as bellwethers leading the sheep in for shearing. There are bellwethers and superbellwethers. The superbellwethers are used to get the ordinary bellwethers. That is how the unsuspecting dentist is wangled into consenting to act as sponsor.

Probably some prominent clubwoman with a long record of good deeds is persuaded to serve as "honorary chairman" of the or-

ganization, or perhaps it is a widely respected educator, or a nationally known scientist. Being beyond suspicion themselves, and usually not too worldly wise, it never occurs to these people to investigate either the promoter or the organization. If the objective is good—and it always is—that is about as far as their questioning goes.

Sponsor Lists

The next step is to build a sponsor list. The honorary chairman personally may approach certain prospective sponsors. More likely, organization employees will do this, get signatures on sponsorship cards. Or letters, over the honorary chairman's signature, may bring in a shower of acceptances from sponsors. The swindle is off to a fast start.

After the field is thoroughly worked, the promoter quietly folds his tent, moves on to the next city. Or, if he "hits a natural," he may settle down for a long stay, channel just enough money to the charity to keep the legal heat off. Strangely enough, it never occurs to sponsors to see the books or ask for an audit. This sort of thing sometimes goes on for years until a scandal breaks, and the sponsors run for cover.

Aside from organizations of unquestioned purpose and management, dentists would be wise to observe a rule of never "lend-leasing" their names, least of all to organizations in which they have no actual part in managing even though being expected to give blanket endorsement.

If a dentist is asked to sponsor an organization of questionable standing, he should dismiss from his mind the question of whether or not the charity objective is worthy. This becomes unimportant. Neither should he be swayed by friendship or respect for the honorary chairman and other sponsors. His first consideration should be: who is the promoter or what is professional management? What is his or their past record? If they have promoted or managed other charities, what percentage of the receipts went to the charity? The promoter's word should not suffice. Get independent information on this vital point. If such information is not available, that should be warning enough.

After these points have been settled satisfactorily is time enough for the dentist of unquestioned integrity to comply with the request for endorsement. Even then, there may be an undetected element of risk.

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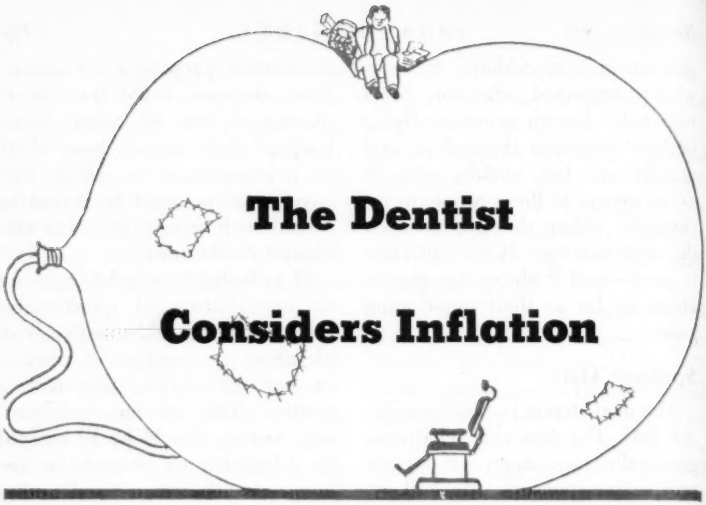


The Dentist Considers Inflation

By M. R. STERN, D.D.S.

FOR SOME MONTHS dentists have been feeling the brunt of changing circumstances. They are meeting "buyers' resistance." Patients come to their offices for emergency treatment only. They weigh fees. They postpone contracting for restorative treatment. More appointments are canceled and recalls are unanswered.

For an explanation of this situation, one need look no further than the editorial page of his favorite newspaper. Almost daily, one sees the cartoons depicting "H.C.L.," the wage and price spiral, and the demon inflation. Just what is inflation?

For one thing, it must be emphasized that inflation is not prosperity. Rather, it is a threat to prosperity. While everybody seems to be working and earning more money, they are having difficulty with their budgets. Money is getting less valuable. Daily, the things one needs and buys are getting dearer and dearer. That is inflation!

Also, one becomes aware of an atmosphere of growing unrest and even discontent as more people find it hard to make their apparently increased earnings stretch to satisfy necessities. When prosperity becomes so unequally distributed that many suffer, that is inflation.

Buying Power

The dentist who grossed $10,000 last year is worse off than when he made $5,000 in 1939. This is so because his taxes are higher and the buying power of his dollars is off more than 40 percent. Every

You may be able to avoid the financial hazards of inflation by following the suggestions in this article.

dentist who has a bank account; owns life insurance, bonds, or other fixed-income paper; every dentist who is on a salary; every retired dentist who depends upon a pension, an annuity, or a retirement fund; all are being hurt by the shrinking purchasing power of their dollars. That is inflation!

Inflation is something to think about, something to watch, and something for which to plan. It is not a new phenomenon—it was recognized as early as the Third Century—yet no general rule can be laid down about protection against it. It is well to know the complexity of its forces. It is well to acknowledge the uncertainty of dogmatic criteria. It is futile to look for push-button specifics or panaceas. What has worked in the past may or may not, because of changing conditions, work this time. But those who are alert will try to find ways to protect themselves—to hedge—against its most harmful results. Those who are less wary or those who are more optimistic may have to bear the shock of its devastating effects. Now, perhaps, is the time for making vital decisions

What can the dentist do to protect himself against inflation? What safeguards can he consider in regard to the preservation of, first, his practice; second, his possessions, savings, and financial status; and, third, his position in his established social environment?

The dentist whose patients belong to the middle strata of our society, the so-called white-collar job holders, professional people, civil service employees, has a serious problem. The dentist whose practice is made up of industrial or agricultural people or the executive element of large distributive centers is more advantageously situated. Older people, those retired or pensioned, and that large segment commonly known as the low-income group, also present the gravity of high prices. With each turn in the inflationary spiral, the dentist will encounter another group of patients who will question fees and complain of the difficulty of meeting dental costs.

In the office, the problem calls for greater effort in matters pertaining to practice administration. Overdue bills, debts, and mortgages on equipment should be paid off with inflated dollars. Expenses need greater scrutiny. Purchases are to be made on a "when-needed" basis. Efforts at collections and recalls should be intensified. Fees should be increased in keeping with rising costs, but it may be expedient to maintain existing schedules or to arrange a time-payment basis for deserving patients.

It may be possible to increase operating efficiency or at least re-

duce deficiencies by standardizing techniques, by giving more time to exploration, and by prescribing more fully toward complete rehabilitation. Income may be enhanced or credit loss may be reduced through modifying recommendations as to type and nature of restorations. A more comprehensive use of office and equipment facilities can easily lead to better income for the dentist as well as better service for his patient.

A greater diversification of patient groups may be cultivated. Neglected branches of dental treatment such as root canal therapy may be resumed with profit and perhaps pleasure. But as much as improvement in administration is desirable and beneficial, it is equally important that dentistry's high standards be maintained. The practice which is built on principles of sincerity, fairness, service, and reliability will endure.

Regarding the preservation of the dentists's assets, what is the best protection? It certainly is not cash! It buys less and less. Yet how many dentists will cling to large bank accounts? It is not life insurance! To be sure his beneficiary will receive $10,000 for the $10,000 the dentist put into insurance; and the annuitant will get the monthly checks for which he arranged; but when he exchanges these for food, clothing, and shelter, there is likely to be disappointment.

Nevertheless, some cash and some insurance must be held in readiness for immediate contingencies. With that established, the balance of the dentist's insurance and cash should be brought into focus with the degree of inflation. The objective here should be to enhance future purchasing power for his own benefit and that of his beneficiaries. Each person will have to work out the details to suit his particular circumstances and objectives. The following is a suggestion to guide him:

Insurance

The dentist who is certain he can pass a physical examination may consider buying term insurance in sufficient amount to assure his beneficiaries improved buying power. A convertible term policy can later be "converted" to ordinary life, or any other form of contract, without the necessity of another physical examination. After the term insurance is acquired, he should drop his old policies and use the cash values to better advantage. Incidentally, he may require less coverage later as his beneficiaries would be older and less dependent. Savings may be effected by changing to term despite acquisition costs and a higher rate at a higher age.

The dentist who is unable to pass a physical examination should consider borrowing on the cash values. Interest rate at his bank will most likely be considerably lower than at the insurance company.

Here, two considerations—two exceptions—are worthy of emphasis. First, old policies are to be studied carefully as they may contain valuable and irreplaceable benefits—disability clauses for example. *Such policies should not be converted!* And, second, the dentist who has large funds sufficient to approach other media of inflation protection may see fit to regard his life insurance and its cash value as a stabilizing element in his portfolio. He may reason that their reduced purchasing power is a necessary risk or penalty in view of the safety of the principal.

Investments

Assuming the dentist has gathered up the surplus cash from his savings account, fixed income paper, and life insurance cash values or loans, he now proceeds to invest this cash, and future savings, to improve buying power at a pace in keeping with the progress of inflation. The following are some forms of investment that have proved satisfactory in the past:

Real estate is a good protection against inflation. But real estate values perhaps already have outrun other prices. Besides, increasing taxes and construction costs limit its appeal. However, owning one's home may be regarded as a primary hedge and the reduction or paying off of a mortgage with inflated dollars an advantage.

Gold and foreign currencies have proved effective hedges in past inflations. But there is a law prohibiting the hoarding of gold. And foreign currencies are out of the question now as they may not be worth much should the United States' benevolent patronage be withdrawn suddenly. Dental scrap and filings may be accumulated and recently bottled ore has been made available. The American temperament, however, does not take too kindly or too readily to the practice of hoarding.

Various collections such as stamps, rare coins, art objects and paintings, antiques, precious and semiprecious stones are hedges that merit some consideration.

After gold, selected common stocks of certain industries appear to be a valuable protection against inflation. It is generally agreed they offer a large degree of protection. It is not too difficult to determine which stocks and which industries, but judgment and care are indicated here for much depends upon the political scene and also the mood of government.

Industry

The equities of those industries which fall in the category of tangible commodities—real goods—have in the past been suitable hedges. These include such industries as building, chemical, mineral, oil, and others. The reason for this is simple. The prices of oil in the well, of potash or copper in the mine, or of lumber in the forest should advance as inflation progresses. Cap-

ital in the form of plants and machinery, if modern and in working order, adds to these values. But perhaps more important is the earning record and the potential earning power of these industries. Only the strongest corporations, those that have weathered previous storms and survived, and whose earning prospects will keep pace with the advance of inflation, are to be considered. Also—and this is important—those which are most likely to escape government regulation and price fixing.

Above all, experience suggests that diversification—the spreading of one's assets into several of these categories rather than concentration in any one—is the prudent course to follow.

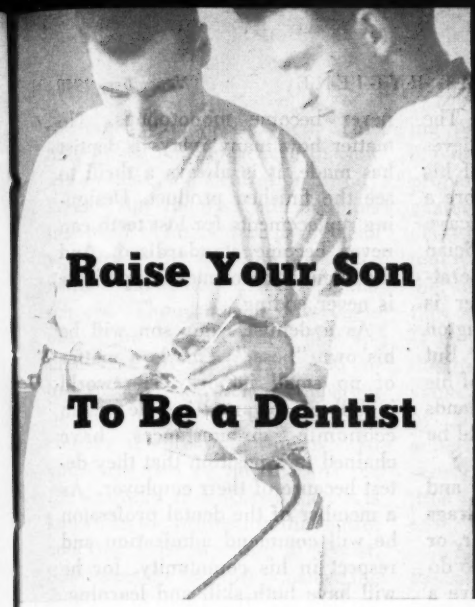
Socially and perhaps even politically, if inflation lasts several years, the dentist will find it increasingly difficult to maintain a balance between his earning and spending environments. Living standards should be kept in check, for prosperity turns out to be fictitious as high taxes and high prices cut deeply into savings and buying power. Among his family, friends, and neighbors, the dentist will witness the wild excitement of pseudo-prosperity on the one hand and the perplexed anxiety of those whose incomes are insufficient to meet advancing living costs on the other hand. Foresight and not complacency will prepare him for the social and political bewilderment and its consequences which may lie ahead.

To business, inflation is a stimulant. But its exhilarating effect is lost when it becomes fixed into the economy of the country—when it becomes habit forming. It becomes dangerous when ever-larger doses are required to maintain the status quo. The fear that no more inflationary dosage will be forthcoming may result in economic recession. Deliberate and sudden stopping of the inflation will bring on collapse and depression.

Government has the means and the power to stop inflation if it can find someone who dares or even cares to do it. Since such efforts may bring about a reversal of trend to be followed by deflation, there is little wonder that politicians steer shy of this. Instead, government warns of the dangers of sobering up too fast while it attempts treatment by reducing the inflationary dosage and fortifying it with anti-inflationary ingredients, such as higher interest rates, credit restrictions, price ceilings, and other palliatives.

A day of reckoning is coming, of course. It can only be hoped it will not be the devastating kind witnessed two decades ago. Prudence and experience call for an effort at self-preservation.

2945 *Avenue T*
Brooklyn, New York



Raise Your Son To Be a Dentist

Does your son have an unbiased familiarity with the advantages and disadvantages of being a dentist?

By ARTHUR H. LEVINE, D.D.S.

MANY DENTISTS are missing an excellent opportunity of "selling" dentistry to their sons as a professional career. Maybe they are too close to the trees. Or perhaps it is difficult for a dentist to be objective in comparing his profession with other vocations.

Despite the increased use of aptitude tests and guidance in the high schools, the majority of students on graduation day have not decided on a career. It may not be a major handicap for a boy not to know what he is going to do. But it certainly is a short cut for the student who sees a straight path to his goal. He does not waste time in college taking the wrong courses and he is not as likely to be worrying about the future.

A dentist's child can be spared the ills of indecision if the father has started building early enough. It is assumed, of course, that the boy possesses certain aptitudes such as average finger and tweezer dexterity. This can be determined easily if it is not already obvious. He should have an average ability to work with his hands and a desire to learn. The majority of boys entering college would meet these requirements.

Does the boy have to like dentistry? The answer is "no." It is almost impossible for anyone so young to form a well-founded af-

fection for any vocation. The average boy of 16 or 17 believes that a lawyer spends most of his time in court declaiming before a jury in a sensational murder case. He has his imaginary physician saving lives all day in the operating room. And the engineer is designing a George Washington Bridge or a Boulder Dam. But the dentist—he spends most of his waking hours putting his hands in people's mouths. What could be worse!

If a dentist comes home and groans about his back as he drags himself to a comfortable chair, or sputters about the patients who do not pay their bills, it will leave a deep, unpleasant impression with his son. It is normal to "sound off," but it is wiser to do it out of hearing of a child. He will only magnify it far out of proportion to its worth and, consequently, get a distorted picture of the profession.

The grass on the other side of the fence always looks greener. Dentists, like all others, suffer from this hallucination. But an appraisal of the dental profession reveals some interesting comparisons.

Professional Advantages

In dentistry, your boy will be using his hands and his mind in a happy combination. So many occupations lean too far in one direction. Here he will be refreshed by being a surgeon, a mechanic, a designer, and a psychologist, all in one day. Removing a tooth can never become monotonous. No matter how many inlays a dentist has made, it is always a thrill to see the finished product. Designing replacements for lost teeth can never become standardized. And the stimulation of meeting patients is never ending.

As a dentist, your son will be his own "boss." This is a matter of no small import. The world is full of thwarted people whom economic circumstances have chained to a position that they detest because of their employer. As a member of the dental profession he will command admiration and respect in his community, for he will have both skill and learning.

Many a dentist has considered the medical profession eagerly for his son. However, a physician is never free from the responsibility of life and death. No one who is not intimately associated with the medical profession fully appreciates the toll this exacts. This heavy responsibility and the irregularity of home life are two heavy marks on the debit side of studying medicine.

Shortage of Dentists

Your son's possibilities for success in dentistry are tremendous. In fact, he cannot miss. Because of a multiplicity of reasons, anyone being graduated from dental school today is assured a livelihood. And when that graduate's father is a dentist, the situation is even better.

Even before the last war, a

shortage of dentists existed. This may be difficult to believe in view of the heavy concentration in city areas. But the fact still remains that more dentists were dying each year before the war than boys were being graduated from dental schools. Thousands of boys came out of the Service with a new appreciation of dentistry. Add to that the fact that dental education of the public throughout the country is spreading rapidly, and you have two of the reasons for the shortage of dentists today. It is known in the profession that entire counties exist without a dentist. Some dental educators consider the shortage of dentists in this country rather grave.

This assurance of success must not be misconstrued, however. Dentistry is still a strenuous profession, physically and mentally. And building a practice is still a slow, tedious task. But there is not a boy who is not willing to take all that, provided that gnawing uncertainty of his financial future is cut to a minimum.

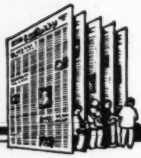
Professional Disadvantages

There are two disadvantages of dental practice with which your son should be familiar before deciding upon it as a profession. One is the strain of standing all day, usually in one spot; and the other is the exhausting task of performing painstaking procedures on a moving, human being. Yet, with proper planning, even these disadvantages can be overcome. Few dentists use an operating stool today. Despite their awareness of the importance of sitting down, they still persist in the old habit. If they would use it even part of the time, it would be of inestimable value. The second ill can be cured by planning diversified tasks and adhering to a practice day that is short enough to provide ample time for mental relaxation and recovery.

Whether a son should go into the same office with his father is debatable. Often the move is prompted by financial considerations since it is an easy way for the son to establish his practice. But the need for him to learn through his own experience, plus the personality factors involved in the best father-son relationship, would seem to indicate that, from the long-range point of view, a boy is better off starting by himself.

Regardless of how a son finally enters practice, however, if a father will recognize, without bias, the advantages of his profession, and will instill in his son the appreciation and respect that profession deserves, he will do his son, himself, and the public a favor.

8 *Beacon Hill Road*
Port Washington, New York



Dentists in the News

Boston (Massachusetts) Herald: Doctor John R. Wallace, of Winchester, has been appointed by Governor Bradford to the special recess commission to study laws pertaining to the Board of Dental Examiners. Doctor Wallace was former President of the Massachusetts Dental Society.

Des Moines (Iowa) Tribune: "I wouldn't be surprised if within a year or two I give up dentistry and start a boat-building plant in Minnesota, at Bemidji, or some place like that," Doctor Fred Bunker, Lake City, Iowa, dentist says. "I've liked dentistry, but it gives me a lot of personal satisfaction to produce things which make people happy. I don't think people get fun out of dental work—but they do love a good boat."

This dentist has been practicing dentistry for twenty-five years, but he started boat building as a hobby only about a year ago. In that time it has become a growing and profitable business. Doctor Bunker's dental office is close enough to his boat-building shop so that he can work on boats between dental appointments. He is an excellent craftsman. He has patents on a number of improvements in dental instruments and has devised outstanding machines which he uses in boat building. He is perfecting an automatic bowling pin-setting machine.

Cleveland (Ohio) Plain Dealer: Doctor J. W. Moats, a practicing dentist and the mayor of Chardon, Ohio, believes that a radio going in his dental office has a good psychologic effect on his patients. Recently he had just finished preparing an elderly woman patient for an extraction when over the radio came "Nearer My God to Thee."

"You certainly have appropriate music for a situation like this," the woman said.

Erie (Pennsylvania) Daily Times: When the fireproof structure which is to be the O'Leary Dental Clinic in Girard is finished, it will be one of two or three such clinics in this country. Staffed by the well-known family of dentists, it will have the possibilities of becoming a Mayo clinic for dentistry.

The clinic is backed by Doctor J. T. O'Leary and his sister, Doctor Bertha P. O'Leary. Practicing with them will be Doctor Timothy O'Leary, son of Doctor J. T. O'Leary.

The building will have reception rooms, office, seven operating rooms, three laboratories, and a specially furnished room for making dentures and other dental appliances. All equipment will be of the latest design in dentistry.

Other dentists in the O'Leary family are a brother, Doctor M. R. O'Leary, of North East, and brothers-in-law Doctor Ralph C. Scragg, of North East, and Doctor W. D. Husted, of Albion.

Kansas City (Missouri) Star: After fifteen years as a baton-twirler, Doctor George R. Rhoades has put aside his batons for dental instruments. Following a year's postgraduate study at the

Kansas Medical Center which ended last May, this dentist opened his office in Kansas City. Now his baton-twirling

activities which paid his way through school will be limited to special occasions and his one regular engagement as a twirler with the Ararat Shrine drum corps.

Doctor Rhoades learned baton twirling while in high school. After he was graduated from high school he established his own twirling school which he operated while he attended the University of Kansas. He closed this school when he entered the Navy where he served as a Lieutenant with the Dental Corps. For nine months he traveled with the Navy band as a twirler.

While a student, this dentist won seven twirling championships.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

PHILIP BRADY, Box 92, Sturbridge, Massachusetts.
R. H. RICHARDS, D.D.S., 523 Second National Building, Akron, Ohio.
NATALIE L. WEST, D.D.S., 56 North Sprague Avenue, Pittsburgh 22.
JEAN BRAND, 10 Allen Place, Columbia, Missouri.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News,* we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

DENTIST ADVOCATES MILK BLOCKS IN CELLOPHANE

A PLAN for the delivery to the doorsteps of homes of frozen blocks of milk wrapped in cellophane has been submitted to the Victorian Government by Doctor George Philpots, a dentist who is President of the Victorian Food Education Society.

Under this plan, milk would not be pasteurized. Instead it would be frozen at the point of production to reduce contamination. It would be kept frozen until it reached the consumer.

Doctor Philpots reports that his system would be cheaper than pasteurization methods used in Victoria at this time, and would do away with expensive milk bottles and the high cost of delivering milk during the early hours of the day.—*Sydney (Australia) Smith's Weekly.*

Portraits and Profiles

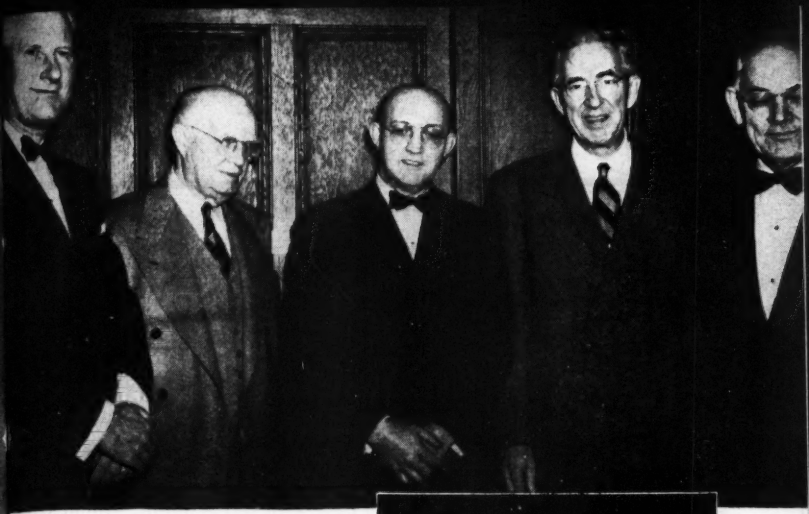
OF AMERICAN DENTISTS

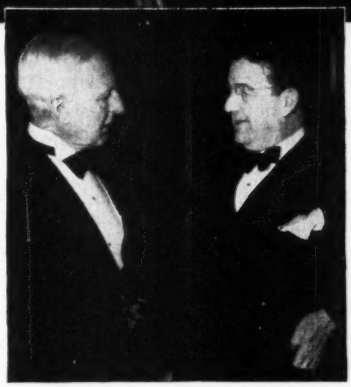
By HOWARD A. HARTMAN, D.D.S.

Left to right: Olin Kirkland, member of the Advisory Council of Atlanta-Southern Dental College, Emory University, Atlanta, Georgia; Ralph R. Byrnes, Retiring Dean of the Dental College; and M. D. Huff, retiring Professor of Therapeutics.

James Armstrong (left), Miami, and C. J. Caraballo, Tampa, Florida, attend the annual meeting of the Southern Academy of Periodontology in Atlanta, Georgia.

Left: T. E. Braly (center), of Chattanooga, Tennessee, newly elected President of the Southern Academy of Periodontology, receives the good wishes of the retiring President, Hunter S. Allen, of Birmingham, Alabama. President-Elect R. P. Taylor, Jr., is on the right.





Above: Left to right: R. W. McNulty, Dean of Chicago College of Dental Surgery, Loyola University, Chicago; Roy J. Rinehart, Dean of the University of Kansas City School of Dentistry; Gerald D. Timmons, Dean of Temple University School of Dentistry; John P. Burke, Dean of the School of Dentistry, Georgetown University, Washington, D. C.; and J. Ben Robinson, Dean of the Baltimore College of Dental Surgery, University of Maryland, attend the dedication ceremonies at Temple University's new School of Dentistry.

Right above: Arnold D. A. Mason (left), President of the American Association of Dental Schools, confers with Leslie M. Fitz-Gerald, Dubuque, Iowa, at the Temple University School of Dentistry dedication program.

Right: Gustave Tassman, President of Temple University School of Dentistry Alumni Association, is toastmaster at the banquet held during the dedication ceremonies of the School's new facilities in Philadelphia.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." ***John Milton***

ANYBODY'S GUESS

THERE IS NO telling how much longer the present boom and inflationary high prices will last. We are overdue for the recession that always follows a war. The artificial stimulants such as the European Recovery Plan and the normal impetus to business that comes from catching up on scarcities that resulted from the war, have kept our economy stimulated for the last two years. With heavy expenditures for defense, the present inflationary phase may be supported for several more years. Then, again, it may not be. Buyers' resistance has begun to show in some fields. This may lead quickly to falling prices and business uneasiness.

Dentists are in business. They profit during periods of full employment and meet economic reverses in times of recession. During the war there was a scarcity of dentists, a heavy demand for dental services, and large sums of money in circulation. Dental services were in boom demand and dentists, in common with other producers, enjoyed a prosperity and likewise developed some bad business habits.

Let us look at some of these bad habits. They include supercilious and independent attitudes that grew out of appointment books filled three or four months in advance. They include laxness in applying credit studies to dental patients. They include undue emphasis on expensive prosthetic services and indifference to the important and less expensive operative services. They include an inattention to individual patient education and case presentation.

Dentists who during the war and inflationary years ignored their courtesy and made it plain to patients that their sole interest was in "big cases" may now expect a falling off in patronage. Many people are now beginning to deliberate before they contract for several hundred dollars for prosthetic appliances.

Money for dental care is not as plentiful as it was several years ago. This is no occasion for panic. It is a time, however, for us to examine

our practice habits and our business procedures. There is still a fine living to be made by a dentist who concentrates on the simple business virtues of courtesy, service, careful case presentation, credit analysis, and hard work. The "take-it-or-leave-it" attitude, the excessively high fees, the brusque and unwholesomely independent manner should have no place in present dental practices.

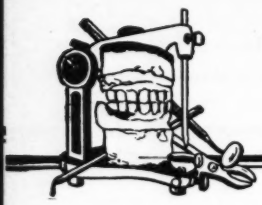
Business in general has found that, with a return to competitive situations, it is necessary to do a more vigorous job of selling. It has been hard for some businessmen to make this adjustment. Anything could be sold during the war years. No effort was required and even ordinary courtesy was neglected. Business has now found that more attention must be given to promotion, selling, and civility. When we enter a period of recession, all the more vigor will be required; buyers' resistance requires more enterprise in selling rather than less.

The matter of collections will press to the forefront in the months ahead. Dentists have begun to notice that payments are not as prompt as they were a year or two ago. The practice of part-payment has returned. Patients who paid promptly and in full are now slower and are paying by installments. Unless the dentist keeps close attention to his accounting, he may not have noticed this subtle change that is occurring in the paying habits of his patients. The ideal dental practice is the one that is on a cash payment basis. Such an arrangement is not always feasible. If we are required to extend credit, we should try to do so on the same basis as business organizations; and that includes a collection system as realistic as that followed in business.

Although dental services are not sold by advertising, radio programs, or salesmen—nor should they be—the fact is that the dentist must give closer attention to patient education. As buyers' resistance is felt, it is more necessary for the dentist to concentrate on his individual case presentation. The dentist who has fallen into slovenly business habits and has neglected his interpersonal relationships needs to make a self-inventory if he expects to succeed in a period of recession.

It is anybody's guess when the recession will begin and how severe it will be. It is wise to arrange our affairs to meet it now. What is needed is prudence, not panic.

Edward J. Ryan



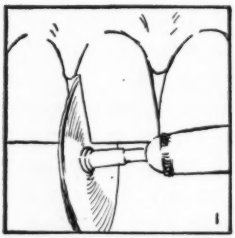
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

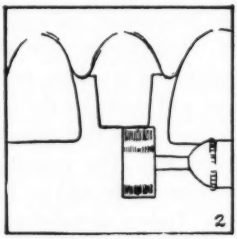
Drawings by Dorothy Sterling from sketches by the author

Seven Steps for Jacket Crown Preparation With Seven Diamond Instruments

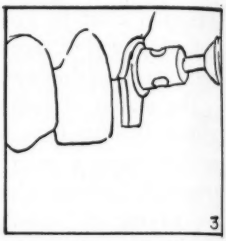
By SIEGFRIED GRUENWALD, D.D.S.



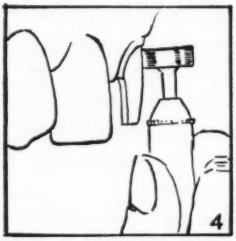
Use diamond disk. Start about 1½ mm. from proximo-incisal angle, holding disk slightly inclined toward the axial midline. Mesial and distal shoulders are started.



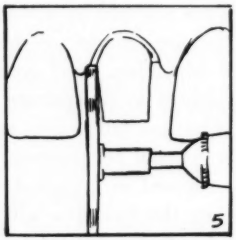
Diamond stone is used to reduce incisal edge enough to allow sufficient body for jacket crown. Cut in such an angle that the incisal bevel will be at right angle to the masticatory force of the opposing teeth.



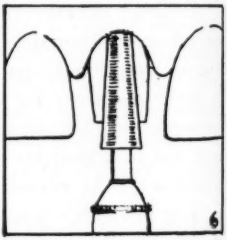
Use the diamond shoulder cutter and lead the shoulder labially and lingually.



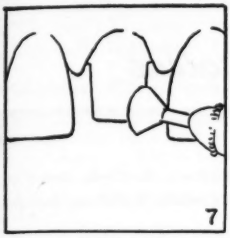
Remove the bulk of the tooth on labial and lingual to the depth of the previous step. This depth serves as a guide in cutting the labial and lingual surfaces.



Use a diamond instrument with cutting surface on the edge only, in order to straighten out shoulder in interproximal. This instrument will carry the shoulder under the free gingival margin interproximally.



Carry the shoulder under the free margin of the gingiva with an end-cutting diamond instrument.



Round off the edges on the lingual and labial with a cone-shaped diamond stone.

Readers are invited to submit techniques to this department, and to request techniques in which they are particularly interested. Write to Dr. W. Earle Craig, care ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

THE COVER

OUR COVER this month is dedicated to the Greater New York Dental Meeting which will be held at the Hotel Pennsylvania in New York City December 6-10. The photograph is a typical New York City scene. The Chrysler Building is on the right.

SANFORD FELLOWSHIP PRESENTS CALIFORNIA CLINICIAN

UNDER THE sponsorship of the Herbert Orin Sanford Fellowship Doctor J. Donald Shriber, Los Angeles dentist, will appear in a one-day lecture program on November 11, 1948, at the Hotel Utah, Salt Lake City, Utah. He will present detailed discussions on his special field of research, nutrition-biochemical-endocrine factors in the diagnosis and treatment of oral diseases; concluding with a talk on "Psychosomatic Considerations for the Dentist." R. C. Dalgleish, D.D.S., of Salt Lake City will preside. The Fellowship has been established by Mrs. H. O. Sanford in memory of her late husband in order to bring recognized lecturers and clinicians before dentists of the intermountain section of the West.

Ask Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Desquamative Gingivitis

Q.—One of my patients, a woman about fifty-eight years old, presented with an inflammation of the labial gingivae and mucous membrane extending from the upper left central to the right cuspid area, and also on the mucous membrane of her lip in the corresponding area. Her lip was also rather swollen. The area is extremely sensitive and bleeds easily; especially at the gingival margins. She has had this condition for about a year and a half. Sometimes it almost disappears and then it becomes acute again.

Her mouth is well kept and her teeth are in good condition. There are no pockets and no gingivitis anywhere in her mouth. Occasionally the condition moves over a little to the left anterior area, but no other section is affected.

The patient otherwise seems in good health except possibly for nervousness. Her husband lost his position about the time that this condition started, and although they are not poor people, he has not been able to find what he wants yet.

She went to her physician who administered vitamin injections. She is now taking vitamin B by mouth.

I talked with her physician who diagnosed the case as gingivitis. Vitamin B and raw meat were advised. The patient refuses to eat raw meat, but takes the vitamin B. Her physician went into a discussion of "trench mouth" which he seemed to think the condition was. Isn't that the result of vitamin C deficiency?

I do not think it is acute ulcerative gingivitis. It appears to me to be what is called in the literature desquamative gingivitis that is treated with chlorophyll injections and chlorophyll locally or sometimes with estrogen.

From the description I gave, can you venture any information as to what it might be? I have been in practice twenty-six years and do not remember seeing a case like it.

If my diagnosis is correct, how would you treat the condition? What amount of chlorophyll do you inject and where? —J. J. S., Illinois.

A.—The description of your case tallies closely with that of desquamative gingivitis, except that in the several cases of desquamative gingivitis that I have seen there has been no involvement of the mucous membrane of the lip.

Desquamative gingivitis usually occurs in the mouths of women at or near the change of life. The only treatment that has been offered as being effective is surgical removal of the membrane of the area involved. However, this treatment may not bring about a permanent cure. We have not used or heard of chlorophyll being used for this condition. As this condition does not occur in edentulous areas, the extraction of the teeth eliminates the disease.

What you say about the lip is indicative of herpes. However, I do not know of herpes involving the gingivae. Vincent's infection usually affects the septal crests of the gingivae, so your case probab-

ly is not Vincent's infection.—GEORGE R. WARNER.

Balanced Occlusion

Q.—Will you please describe a good technique for balancing the occlusion on full dentures. I have been using articulating paper and abrasive paste in the mouth, but the results are not gratifying.

I have little difficulty with stability of the dentures, but certainly I have too many "sore spots," especially on the lower ridge.—C. M. E., Nebraska.

A.—In testing and correcting the occlusion, we use red disclosing wax. Paint the dried occlusal surfaces of the lower teeth with the wax, insert the dentures, moisten the occlusal surfaces of the upper teeth with the patient's saliva, and have the patient close gently with a tap-tap-tap action on the back teeth. Have him stop; remove the denture and examine the moment the wax is penetrated by a single cusp or more, if more than one happen to come in contact simultaneously. Grind the cusps or inclined planes, re-apply wax, and repeat the gentle tap-tap action, examine, grind, and repeat until contacts are quite evenly distributed. Then have the patient go into lateral and protrusive excursions, watching carefully that these excursions do not cause tilting or shifting of the denture bases. Continue this testing and grinding until occlusion is balanced in all occlusal positions.

After dentures have been worn from one year to several years, use disclosing wax to determine whether rebasing or making new dentures is indicated. I observe to what extent the wax is displaced under chewing pressure. If I judge that the necessary grinding to rebalance the occlusion and provide the proper distribution of stress in the supporting tissue will shorten the bite too much or carry the lower anterior teeth too far forward, I then advise rebasing or remaking.

With the occlusion corrected, paint the tissue-bearing surface of the denture with the ivory disclosing wax and have the patient exert chewing stress on the teeth. Remove the denture carefully and examine for unequal displacement of the soft wax, grinding the bared areas with a large round bur. Repeat this procedure several times until you are satisfied that the stress on the supporting tissue is properly distributed. Remove the wax by wiping with cleansing tissue or by scrubbing with a denture brush, soap, and warm water. Carefully polish all ground surfaces before dismissing the patient. —V. CLYDE SMEDLEY.

Degenerating Pulps

Q.—I have a case which has me puzzled as to the correct procedure for the patient's welfare. The patient, a woman, came to me to have all her teeth removed as she has a chronic rheumatic condition in her hip, a blurring of the left eye with a couple of complete "blackouts," and the knuckles of her hands look arthritic but her physicians call the condition synovitis.

Her teeth are well kept. Her gingivae are so healthy and strong, exceptionally so for her age of 63, that, upon my examination of the roentgenograms which she brought with her, I recommended that we restore an upper central incisor, remove the upper right second bicuspid and molar, and a little later make her an upper and lower restoration. All these teeth gave a good response for vitality, even the upper left cuspid which I questioned.

When I removed the two teeth, I broke them open and found that the

pulps were inflamed and liquefied and easily broken apart. The chamber was small with no putrescence, but I did not like the "bloodshot" appearance of the pulp itself. I wonder if I should not remove the other teeth.—G. W. V., Utah.

A.—The case presented in your letter is one of our problem cases. However, your findings in the pulp chambers of the two teeth which you extracted are in line with cases which I reported in 1941.[1]

We find degenerating pulps in a certain percentage of cases in which secondary dentine has reduced the lumen of the pulp canals enough to interfere with normal circulation in the pulps. One may obtain a positive response from an electric pulp tester[2] even after a pulp has become putrescent.

From your findings in the teeth extracted I believe it would be unsafe to leave any of the maxillary teeth in the mouth. There is a root tip on the left side of the maxilla that is probably infected.

One is more hesitant about removing all the mandibular teeth because of the greater difficulty replacing them. But if you remove the maxillary teeth and, upon opening them, find pathologic pulps, you would be justified in removing the mandibular teeth.—GEORGE R. WARNER.

Denture Adjustments

With regard to your reply on denture adjustments[3] to correct a whistling sound, I should like to offer further comment. You mention a method of modifying the contour of the anterior palatal surface against which the tongue plays. I have used a similar routine as follows:

Apply a wash material (I prefer one of the zinc-oxide pastes) to the area just posterior to the anterior six teeth. Then have the patient speak some of the linguodental consonants—d, g, h, j, l, n, t—as in the words "don't, George, hill, jug, lily, no, and tat"; followed by swallowing. Do not have him pronounce "s" sounds.

Another factor contributing to the whistling is the improper placement, vertically and anteroposteriorly, of the upper incisal edges in relation to the upper lip. You will notice an imperfect, slushy result in these sounds if the patient must use the upper lip rather than the incisal edge to control the rush of air (also with the "f" and "v" sounds).

You will appreciate these values more if you will make these sounds slowly and study the action and location of your tongue tip.

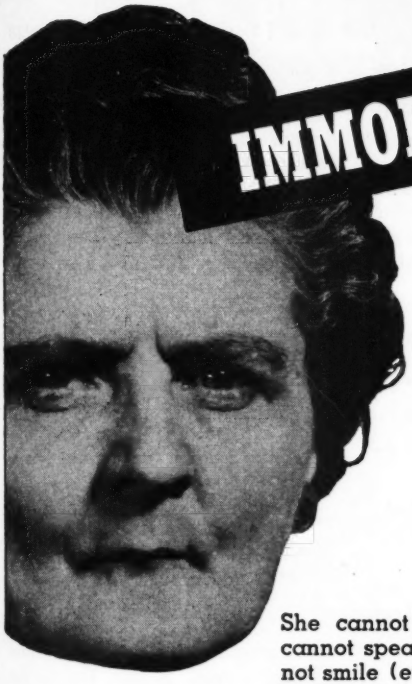
While our alphabet contains twenty-six characters, we use fifty-nine sounds, in common with all other languages. The lips, tongue, and teeth bear definite relations to each other to produce these sounds correctly; conjointly with the palate contour, throat form, resonance cavities.

The technique using the paste thus with speech was developed in the case of a preacher for whom I

[1]Warner, G. R.: Pathologic Vital Tooth; with Report of Cases, J. A. D. A. **29**:1791 (October) 1942.

[2]Reiss, H. L., and Furedi, A.: Significance of the Pulp Test as Revealed in a Microscopic Study of Pulps of 130 Teeth, Den. Cosmos **75**:272 (March) 1933.

[3]Ask ORAL HYGIENE: Denture Adjustments, ORAL HYGIENE **38**:776 (May) 1948.



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SHE BROKE A DENTURE TOOTH!

She cannot eat what she likes . . . cannot speak as accustomed . . . dares not smile (even if she feels like it). Her way of life—as well as her mouth—is immobilized for a day, two or three while that little denture tooth is replaced!

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built new dentures after he had used an old upper denture for many years. The new denture with vertical dimension restored gave him a different anteropalatal contour, more deeply concave. This technique (build in) restored what he was accustomed to and his delivery difficulties were eliminated.

I would suggest that you try this technique on your next patient for whom you are restoring vertical dimension. First dentures do not require such restoration because the palatal contour has not been lost.—ROBERT R. GILLIS, D.D.S., 134 *Rimbach Street, Hammond, Indiana.*

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers to Quiz L

(*See page* 1745 *for questions*)

1. (a) 33½, (b) 35, (d) 37, (e) 38.
2. No. (Crass, Sydney: Endocrines, Amer. Jour. of Orth. 34:420 [May] 1948)
3. (a) at all times. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, 7th Edition, Philadelphia, Lea & Febiger, 1942, page 20)
4. Yes. (Skinner, E. W.: The Science of Dental Materials, 2nd Edition, Philadelphia, W. B. Saunders Company, 1941, pages 28-29)
5. (a) sodium chloride, (c) potassium sulfate. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, 7th Edition, Philadelphia, Lea & Febiger, 1942, page 142)
6. (c) two weeks. (Cahn, L. R.: Signs and Symptoms of Intraoral Cancer, Year Book of Dentistry, 1947, Chicago, Year Book Publishers, page 11)
7. True. (Accepted Dental Remedies, 13th Edition, Chicago, American Dental Association, 1947, page 22)
8. (c) less effective than. (Cleary, G. C.: Silver Nitrate Precipitation by the Howe Technique, J. of Dent. for Children 14:23-24 [Third Quarter] 1947)
9. Where possible, the translucent silicate cements should be used because of the greater ease of maintaining the correct color values. (Tylman, S. D.: Crown and Bridge Prosthesis, 2nd Edition, St. Louis, C. V. Mosby Company, 1947, page 876)
10. (a) the tonsillar tissues, (b) the pharyngeal tissues. (Burket, L. W.: Oral Medicine, Philadelphia, J. B. Lippincott Company, 1946, page 59)

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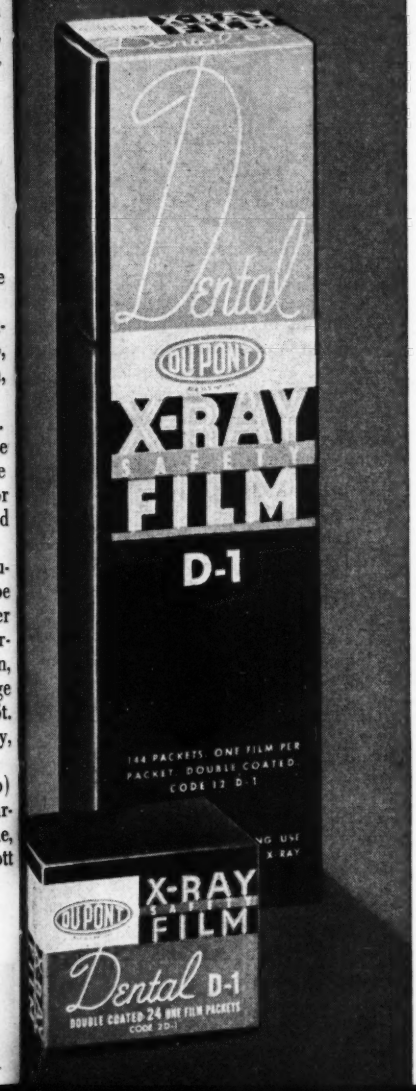

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The Texas-born captain of an all-Texas company in North Africa told his men:

"Our job here is to promote good neighborliness among other things. We've got to humor the natives. If they say Africa is bigger than Texas, agree with them!"

★

Asylum Patient (meeting new superintendent): "Who are you?"

Superintendent: "Why, I'm in charge here now."

Asylum Patient: "Ha—it won't take them long to knock that out of you! I was Napoleon when I first came here."

★

British Sailor: "Big battleship? Why the flagship of our navy is so big, the captain has to go around the deck in his auto."

Yank Sailor: "Listen here, buddy. The kitchen in our flagship is so big the cook has to go through the Irish stew in a submarine to see if the potatoes are done."

★

The kindly minister to the four-year-old: "Do you know where bad little girls go?"

Four-year-old: "Yeah, everywhere."

★

"Did your boy friend try any monkey business last night?"

"I'll say he did, the big ape."

Customer: "My goodness, eggs are high."

Grocer: "Sure, part of the war program."

Customer: "How?"

Grocer: "All the hens are making shells."

★

"My husband has flat feet. Can I get a divorce for that?"

"Not unless his feet visit the wrong flat."

★

A writer of radio commercials entered a restaurant, called a waitress and said:

"Give me some ham, piping hot and fragrant with the pleasant aroma of cloves, brown sugar, and steaming sauce. Serve it between slices of brown and crackly-crusted bread. Draw me a cup of delicious, flavorful coffee and add to it some thick, rich cream."

The waitress shrugged, turned toward the kitchen and yelled:

"Smoked pig on rye and Java with."

★

Manager to applicant for a job: "But I couldn't find enough work to keep you busy."

Applicant: "You'd be surprised how little it takes t' keep me busy."

★

We liked the story of the two ambitious little fleas who worked hard, saved their money, and finally went out and bought their own dog.

★

Helen: "When is Dorothy thinking of getting married?"

Mary: "When isn't she?"

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"However, we both used STIM-U-DENTS faithfully for about two or three weeks and found that all traces of the soft gums had completely disappeared. Naturally, we were so thrilled about the results that we told some of our friends; two or three of them were having the same trouble with their gums. They, also, are experiencing similar results."

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Send them please to your druggist for a retail package and note the improvement upon their very next visit. They will be aroused to a new interest in their teeth and be prompted to visit you more frequently.

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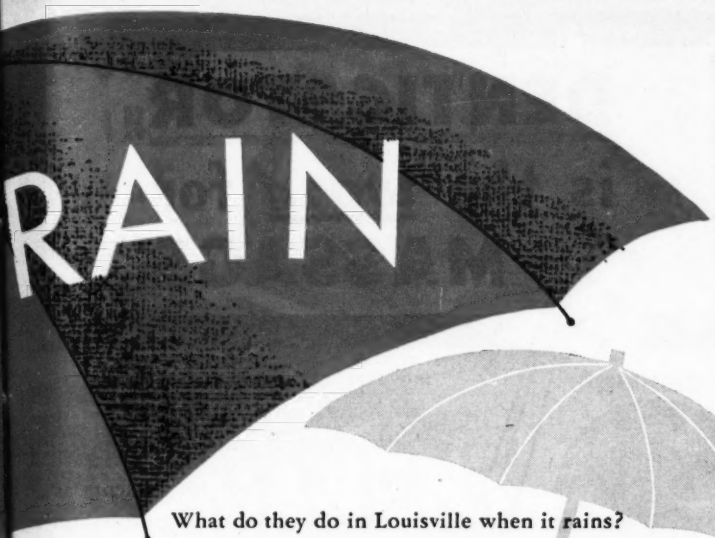

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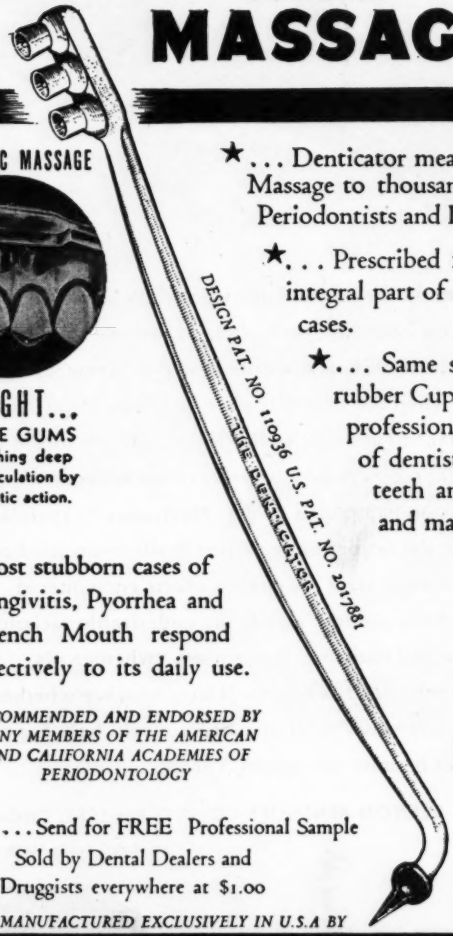

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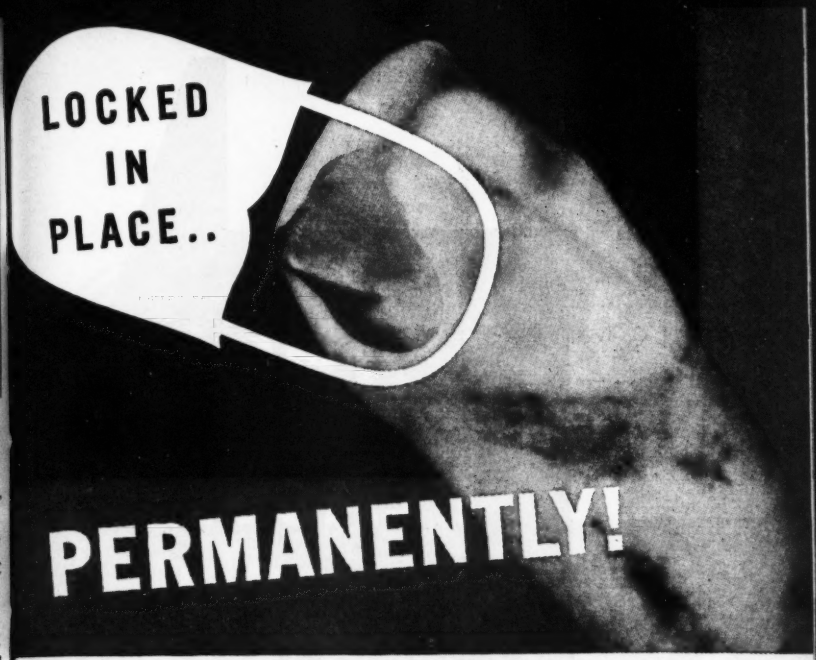

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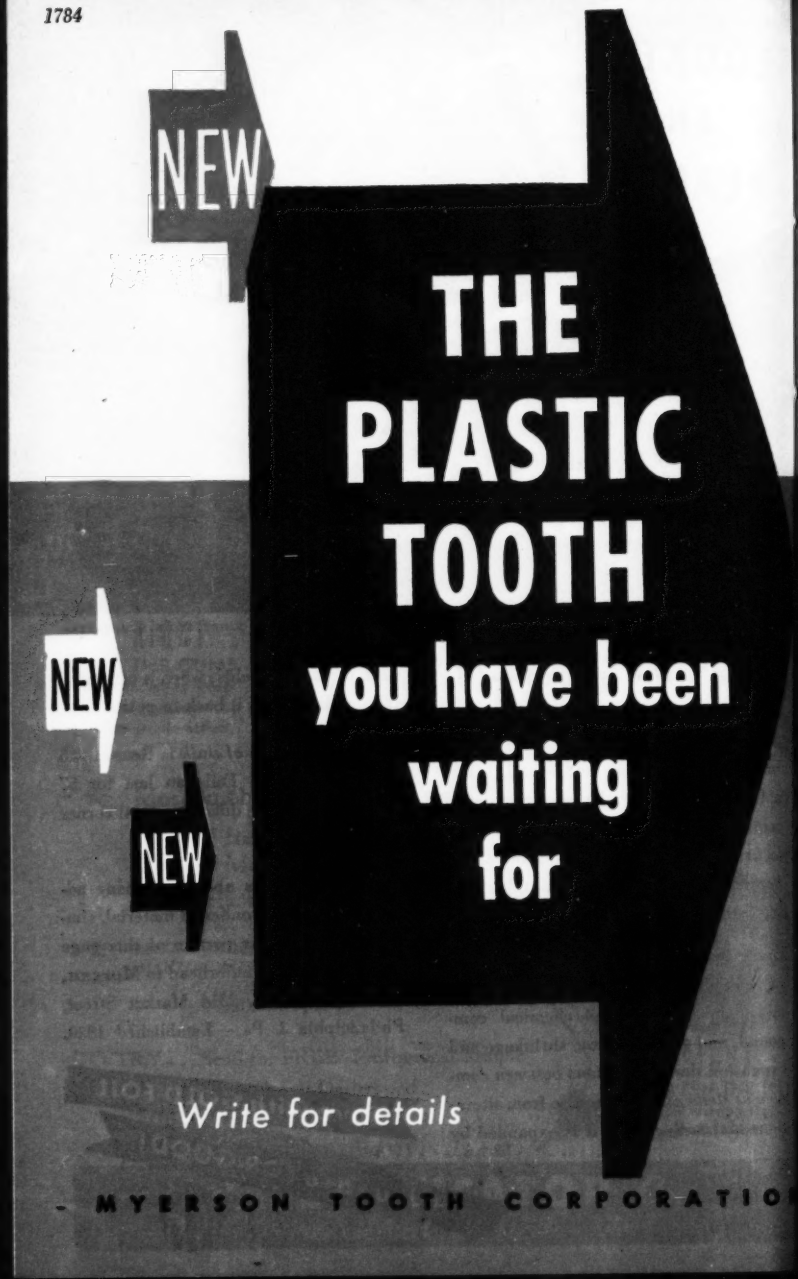
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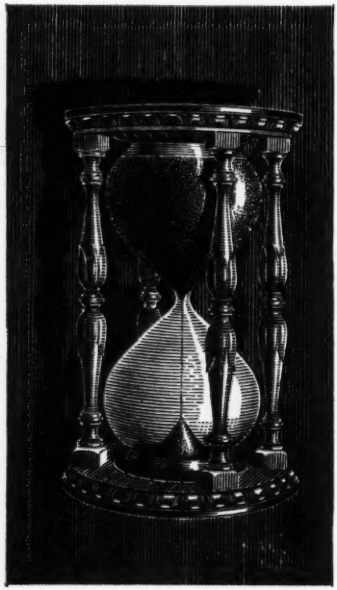

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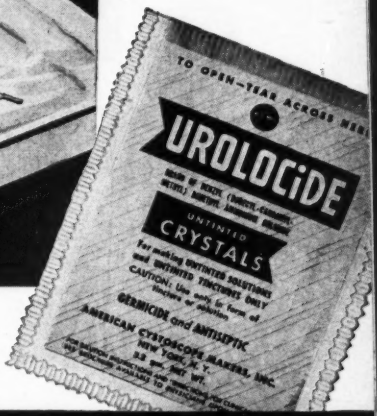
Sterile Penicillin-Sulfonamide Powder with Sulfathiazole and Sulfanilamide in Insufflator Tubes



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Urolocide is a potent new quaternary ammonium compound, equally effective for the cold disinfection of instruments or for local antisepsis in the mouth. Practically non-toxic, and non-irritating to human tissues, Urolocide is rapidly bactericidal and fungicidal—in highest dilutions—against commonly encountered pathogens, both gram-positive and gram-negative. It is odorless, tasteless and water-soluble, and indefinitely stable in solution, even when exposed to air. Instruments are not affected by Urolocide since it contains neither phenolic, mercuric nor other corrosive ingredients.

* * *

Available in pure crystal form in packets of 3.8 Gm., sufficient to make 1 gallon of 1:1000 solution: the recommended concentration for instrument disinfection of local antisepsis. Also supplied in 8 oz. and 1 gal. bottles of Tincture 1:1000 and 1:500, and in Aqueous Solution 1:1000.

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AMERICAN DENTAL ASSOCIATION

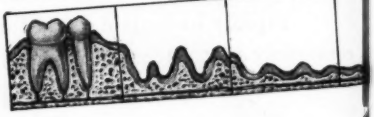
Reproduction at the right is taken from the Wernet Booklet "Special Problems in Denture Retention" published for the dental profession.

Special Problems in Denture Retention

Shrinking Alveolar Process

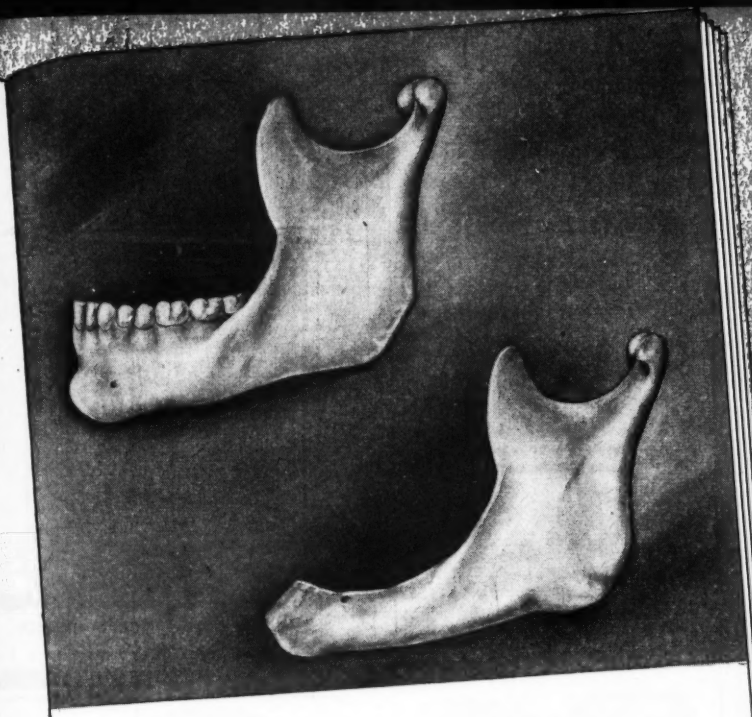
Inasmuch as denture stability is closely associate
with well-defined ridges, frail alveolar ridge formati
resulting from alveolar ridge resorption (or even co
plete resorption of the alveolar process), present
progressively difficult problem in the construction
stable dentures. This problem is quite often agg
vated by flabby, hypertrophied, yielding alveolar p
tissue falling over the area to be used as a dent
foundation.[25] This condition may be either station
or progressive, depending upon the rate of resorp
which is affected by such factors as extraction tra
denture pressure, neglected oral hygiene, failu
patient to report for adjustment at regular inte
general systemic condition of patient, etc. In add
the atrophic changes constantly occurring in the
lar process present a continuing problem to the
thodontist in maintaining satisfactory retenti
This problem may be solved in great measure
judicious prescription of Wernet's Powder duri
period of resorptive change.

FLABBY, YIELDING ALVEOLAR PROCESS: the atrophic
constantly occurring in the alveolar process present
tinual problem in denture retention and occlusion.



WERNET'S POWDER

Write
professio
samp
Add



Gradual alveolar crest atrophy, following extraction.

Wernet's Powder is a sound suggestion—whether in "treatment cases" during the first weeks of adjustment . . . or in anatomically difficult cases . . . or for the nervous patient who finds denture mastery unduly trying. Wernet's Powder carries the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

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Sincerely yours,

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H.J.Russell

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Mgr. Dental Division

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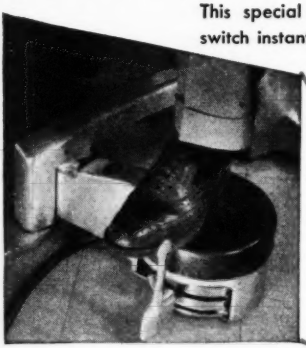

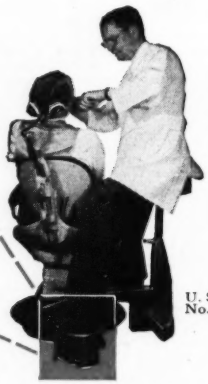

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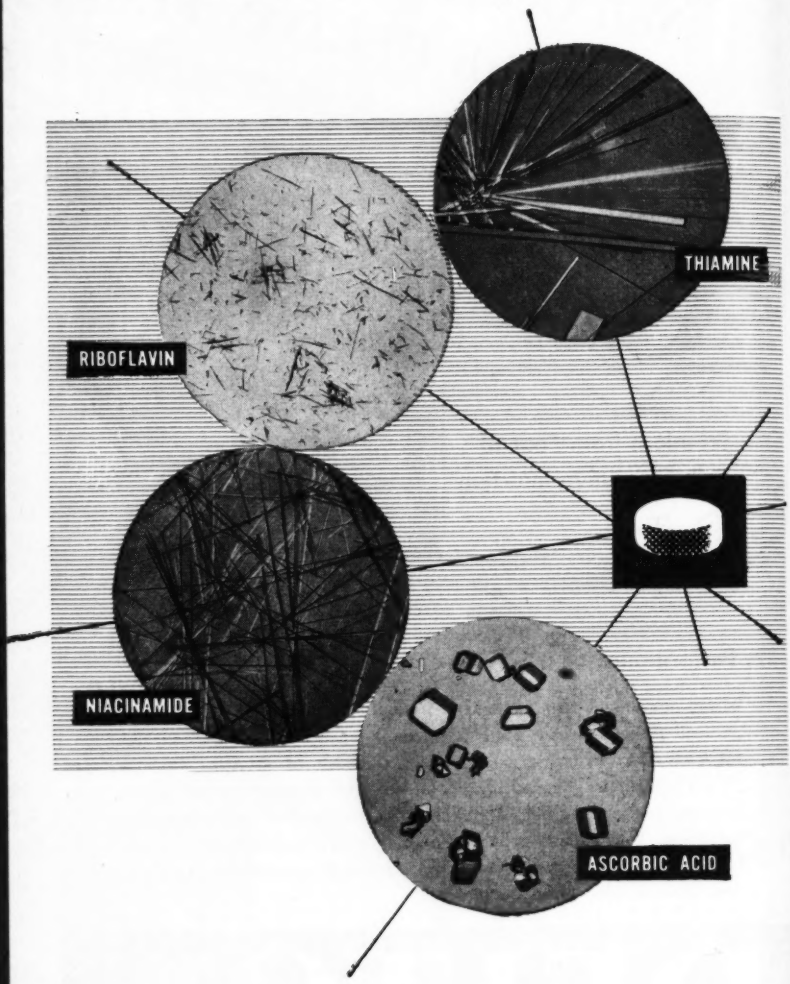

oral mucosa

Four vitamins are essential for the integrity of buccal mucosa. Three of them—thiamine, riboflavin and niacinamide—are members of the B complex; these, together with Vitamin C, are referred to as the "critical water soluble vitamins".

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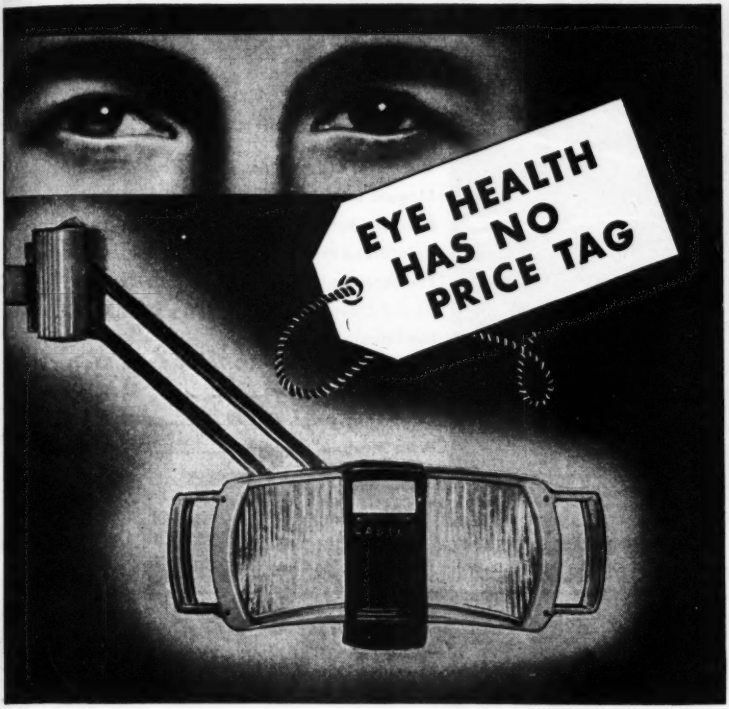

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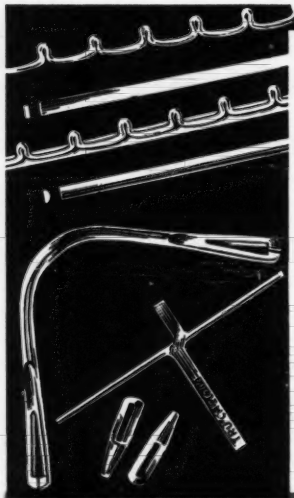

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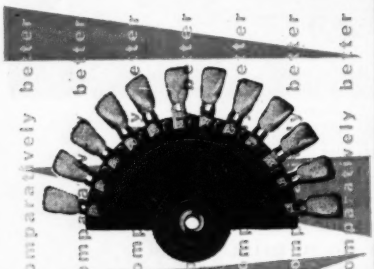

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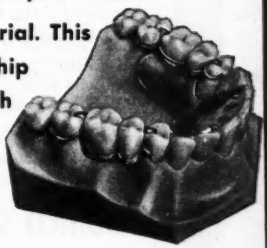

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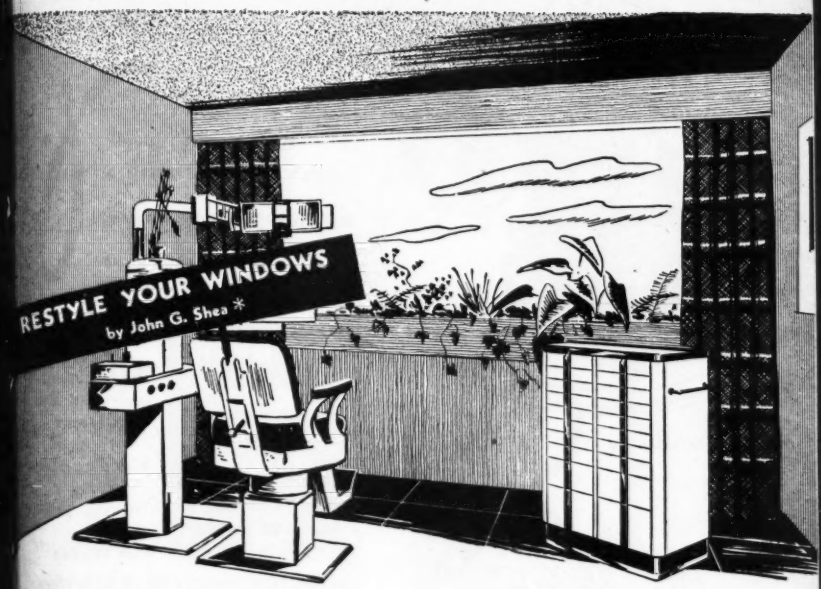

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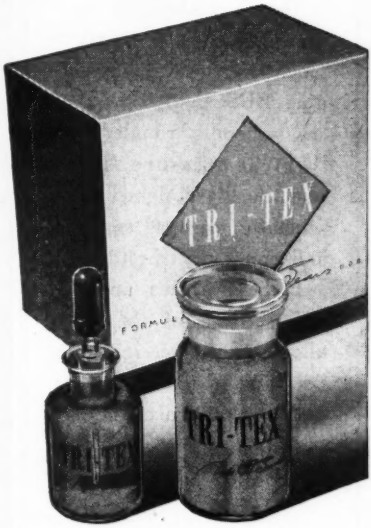

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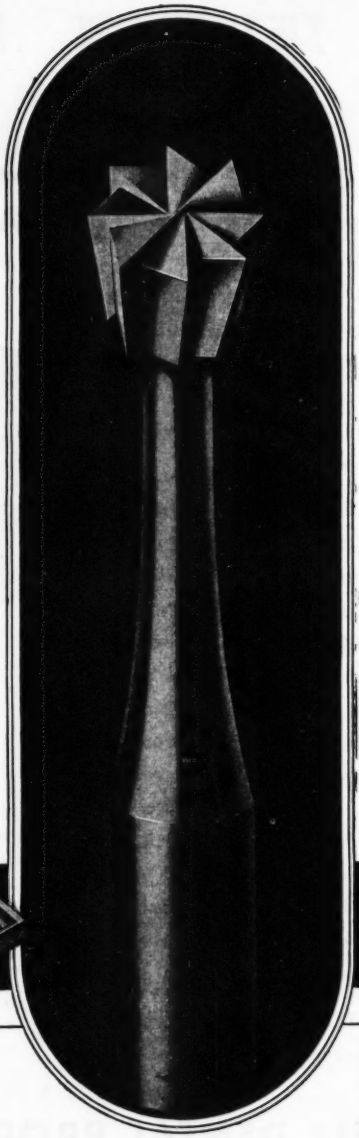

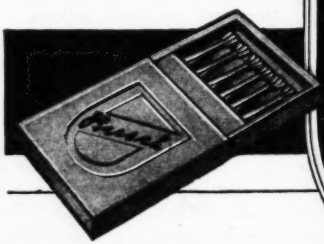

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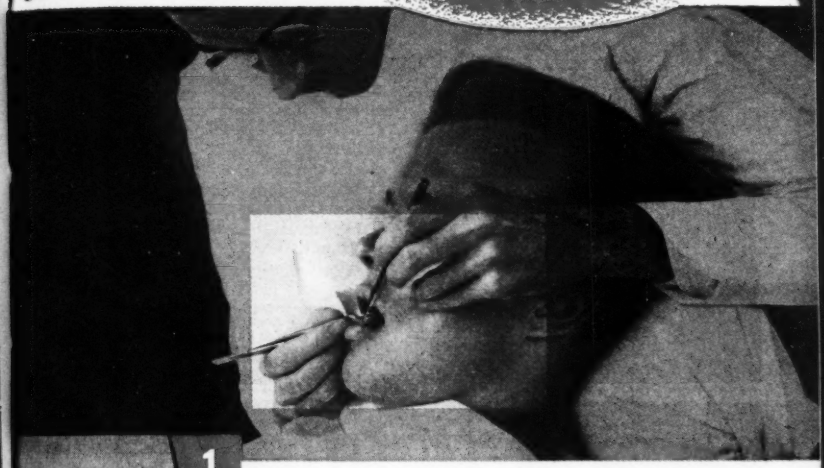

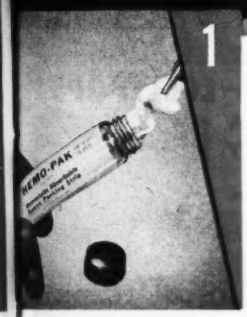

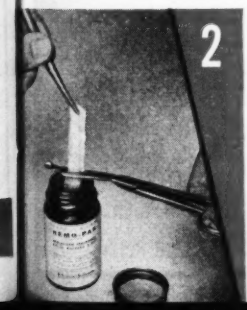

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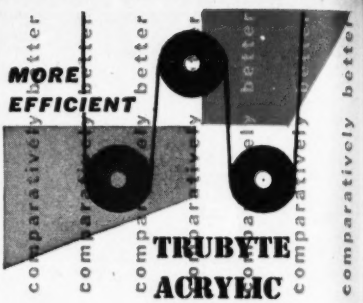

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- ✓ *Safely and efficiently clean the teeth*
- ✓ *Help maintain healthy oral hygiene—and leave a pleasant, refreshing taste.*

FREE—Complete literature and samples of Chloresium Tooth Paste will be sent upon request.

RYSTAN COMPANY, Inc.
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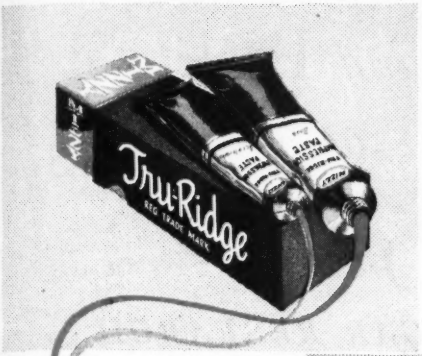
Sole Licensee Lakeland Foundation

Chloresium REG. U. S. PAT. OFF.

Therapeutic Chlorophyll Dental Products
AVAILABLE AT LEADING DRUG STORES

Successful Impressions

WITH

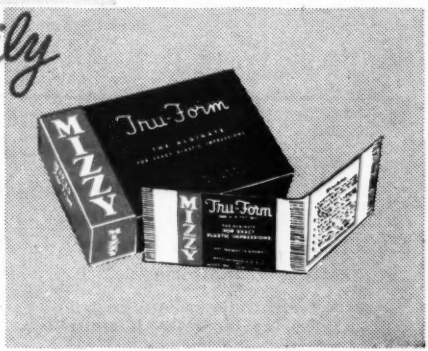


flows easily

MIZZY

Tru-Ridge

Thin enough to insure even flow . . . ideal for closely adapted trays . . . spatulating time from 30 to 60 seconds . . . Impression registers the most minute detail . . . sets hard within 3 minutes in mouth, preventing distortion . . . for full impressions, rebasing, etc.



MIZZY

Tru-Form

The alginate for exact elastic impressions . . . guaranteed to give uniform results constantly . . . exact detail . . . more body . . . excellent working range . . . indefinite shelf life . . . Uniquely packed in one dual envelope for easy preparation.

Two impression materials that insure control . . . just mix . . . prepare the tray . . . take the impression and pour the cast . . . accurate to the Nth degree . . . all possible within but a few minutes.

Mizzy Tru-Ridge and Tru-Form are products of fine quality — resulting from years of intensive research. Each built to meet the exacting requirements of modern techniques.

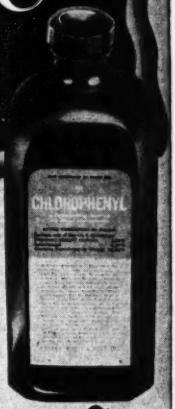
Better Materials for Better Dentistry

MIZZY INC. NEW YORK, N. Y.

Where Spore Destruction is not a Consideration

Chlorophenyl

Affords a Valuable Instrument Disinfecting Medium for WARD and PROFESSIONAL OFFICE Use



This powerful disinfecting solution is free from phenol (carbolic acid) and mercurials. It is a chlorinated phenyl compound that is unusually non-selective in its rapid destruction of commonly encountered vegetative bacteria as shown in the chart.

PRICE Per Gallon . . $6.50
Per Quart . . $2.25

Check these additional features—

1 Non-injurious to metallic instruments or keen surgical edges.

2 Low volatility . . . will not irritate eyes, nose or throat.

3 Will not stain fabrics, skin or tissue.

4 Will not dry and fissure hands or skin areas if exposed repeatedly. (Chlorophenyl is not to be used therapeutically.)

5 Stable . . . will retain potency over long periods.

B-P instrument container No. 300 is recommended as the ideal office container for use with the Solution.

Compare the killing time of this superior bactericidal agent

Vegetative Bacteria	10% Dried Blood	Without Blood
Staph. aureus	15 min.	2 min.
E. coli	15 min.	3 min.
Strept. hemolyticus	15 min.	15 sec.

Ask your dealer

PARKER, WHITE & HEYL, INC.
Danbury, Connecticut

B-P

A BARD-PARKER PRODUCT

Local RELIEF *for*
Local PAIN

PREOPERATIVELY

POSTOPERATIVELY

POLORIS

CAPSICUM - BENZOCAINE

DENTAL COUNTERIRRITANT

Apply **POLORIS** *buccally and as closely as possible to painful or congested area.*

for example:

PERICEMENTITIS

"Counterirritants," states Prinz, when "applied to the gums will often help to localize and relieve pain [of pericementitis]." Such counterirritant action may be conveniently applied with **POLORIS**. A professional supply of **POLORIS** is available on request. Write to

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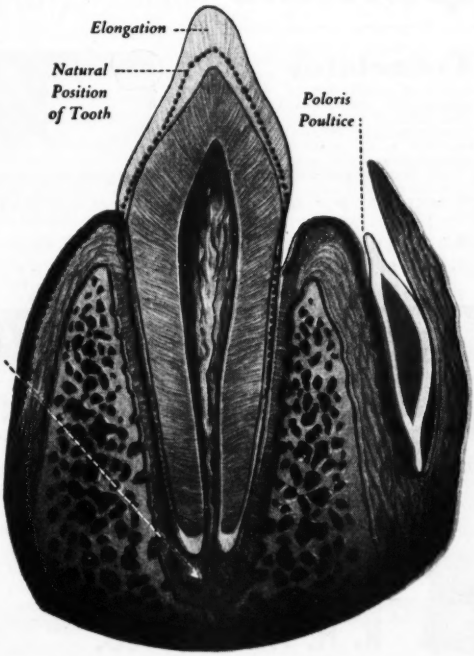

Super-clenz

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PROPHYLAXIS PASTE

Ready-mixed . . . non-spattering . . . quick acting but gentle . . . longer lasting

There's no better preparation for cleaning the teeth than Super-Clenz Prophylaxis Paste. It's scientifically compounded to accomplish the very best results while saving you time, work and money. Your patients will like pleasant-tasting Super-Clenz because it gives their teeth glistening whiteness and high polish. Ask your dealer for a 14-oz. jar and keep Super-Clenz in your supply cabinet for every prophylaxis.

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ESTABLISHED 1932 • LOS ANGELES, CALIF.

Correlator has six important uses. REG. U. S. PAT. OFF. A completely anatomical articulating device for constructing 1. Bridges 2. Crowns 3. Tooth bearing partials 4. Carving indirect inlay patterns 5. Studying orthodontia casts and malocclusion 6. Mounting study casts, and models with various types of restorations to show their function.

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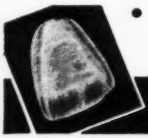

• Send your impressions to us for beautiful translucent acrylic or porcelain jackets, inlays and bridges.

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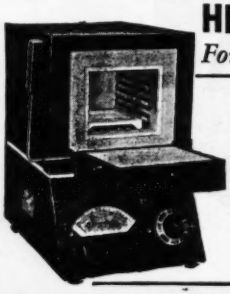
A COMPLETE DENTAL LABORATORY



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Complete with pyrometer . . . **$47.00**

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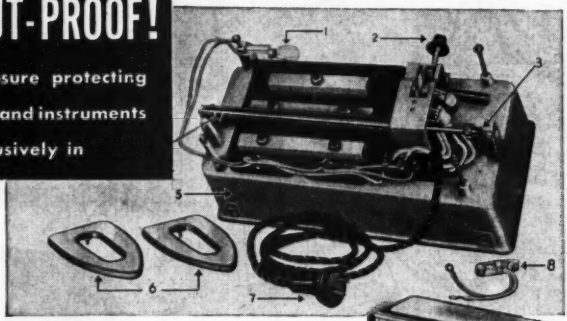
K. H. HUPPERT CO. 6840 Cottage Grove Avenue, Chicago 37, Illinois

BURN-OUT-PROOF!

A safety measure protecting both sterilizer and instruments featured exclusively in



AMERICAN SMALL INSTRUMENT STERILIZERS

8 mechanical features of primary importance

1 **SIGNAL LIGHT**—A 6 watt lamp illuminates the red-cross bullseye when switch is on and unit is in operation.

2 **CONTROL SWITCH**—A Bakelite handle actuates hermetically sealed mercury switches. When switch is on, full heat is applied until water simmers, then heat automatically reduces to maintain mild boiling. If water depletes, all heat is cut off permanently.

3 **CONTROL ROD,** mounted in tension on sterilizing chamber, controls mercury switch with positive setting at boiling point or complete cut-off when chamber is dry.

4 **THERMOSTATIC CONTROL** — Instead of bi-metal thermostats, the mercury switches are controlled off and on through the control rod by the expansion and contraction of the sterilizer chamber.

5 **STERILIZING CHAMBER**—A one-piece bronze casting. Cover and finishing jacket of polished stainless steel.

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7 **CONDUCTOR CORD** — Six foot length of heater cord with moulded rubber plug attachment for electric outlet. All component units are approved by the National Board of Fire Underwriters.

8 **MERCURY SWITCHES**—There are two hermetically sealed mercury tubes, safe in the presence of explosive gases, and fully reliable when operated on either alternating or direct current.

PORTABLE MODELS
available in three practical sizes

MODEL A-414 — Size 4" x 6" x 14"

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The "American" Small Instrument Sterilizer provides automatic "burn-out-proof" safety. If water becomes exhausted below the critical level, a complete automatic cut-off of current occurs. Functional operation can only be resumed by replenishing water in the chamber and manually switching on the current again.

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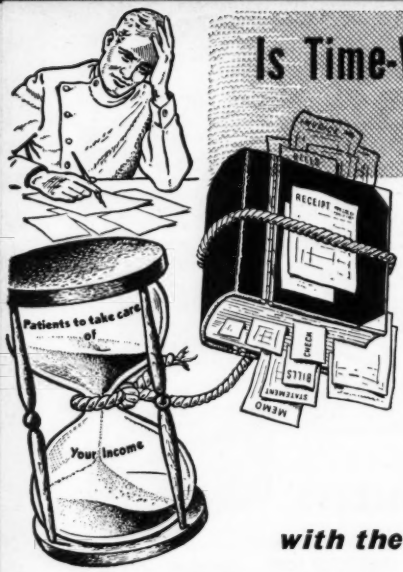
Erie, Pennsylvania

DESIGNERS AND MANUFACTURERS OF SURGICAL STERILIZERS, TABLES AND LIGHTS



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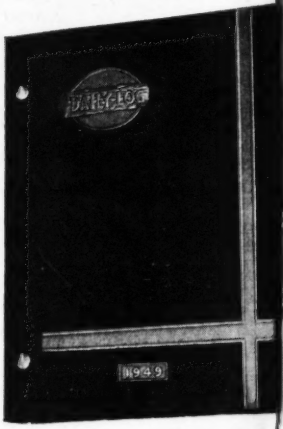

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Pepsodent Tooth Paste

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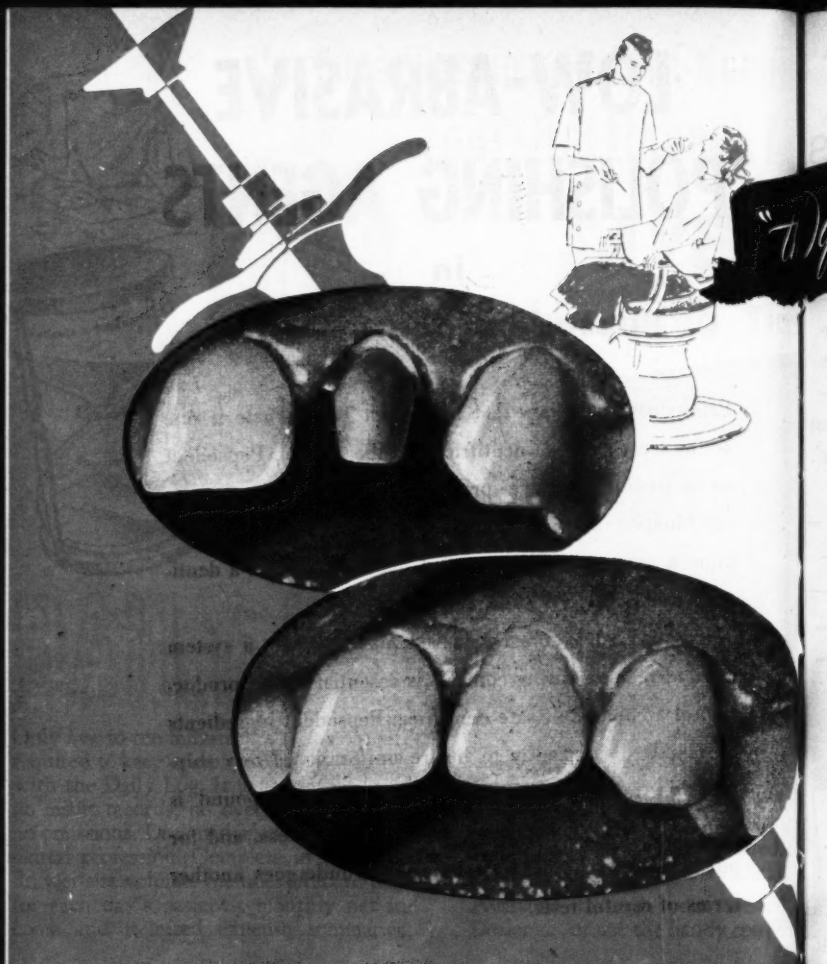
Even with low-abrasive ingredients, however, a system of rigid manufacturing controls is essential to the production of a completely safe dentifrice. Pepsodent ingredients are checked constantly to insure uniformity. Every shipment of raw materials for the polishing compound is tested for fineness of particles, for abrasiveness, and for purity. When the paste is finished it undergoes another series of careful tests.

You can recommend Pepsodent Tooth Paste as a completely safe dentifrice — with full confidence that its low-abrasive properties will be maintained by Pepsodent's rigid manufacturing controls.

PEPSODENT DIVISION OF LEVER BROTHERS COMPANY



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DEEP Anesthesia; LONG LASTING Anesthesia; WITHOUT ADVERSE REACTIONS

Novocain-Pontocaine-Cobefrin

Cobefrin, Novocain, Pontocaine, Reg. Trademarks Winthrop-Stearns, Inc.

Difference is Distinctive"

but what has "N.P.C." to do with the beauty of a porcelain jacket crown restoration?

Years before use of Novocain-Pontocaine-Cobefrin became routine in operative procedures, one of the old masters of porcelain jacket crown work, in describing his preparatory technique, wrote:

"The first step, *after the patient has been properly anesthetized,* . . . is to reduce the length of the tooth by removing the incisal enamel."

"*After the patient has been properly anesthetized*" — note that. Even in those days, when patients were expected to "take it," this dentist realized that for a perfect preparation and a perfect restoration he needed time and a calm, relaxed patient.

How he would have appreciated Novocain-Pontocaine-Cobefrin and its deep, dense, long-lasting anesthesia, without increased vasoconstriction or perceptibly decreased patient tolerance!

In operative procedures where pain or discomfort is probable, let your first step be . . . *Anesthetize with "N.P.C."*

COOK-WAITE *Laboratories, Inc.*

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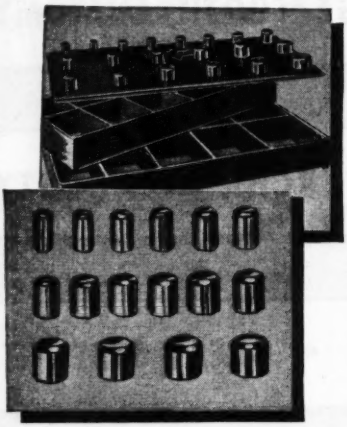
TWO of MOYCO'S "Musts" For Every Dental Practice



100 Aluminum Shells, Chest & Gauge

Shells for temporary crowns—1 to 20 sizes, in 32 B & S gauge, half-inch long. Handy Bakelite chest with 20 compartments, for storage by size. Numbered gauge fits into the case.

$7.80 *Complete Set*

Copper Bands available—1 to 20 sizes, 36 gauge, ½ in. long

"LIGHTNING" Strips & Disks

Valuable in preparing teeth for crown and bridge work. Fine steel, with a fast-cutting abrasive. Use with or without water.

DISKS . . . dozen lots, any diameter. Fine, medium, coarse or assorted. Cup shape (cutting inside or outside) or flat.

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STRIPS . . . dozen lots . . . fine, medium, coarse or assorted. 5¼ ins. long.

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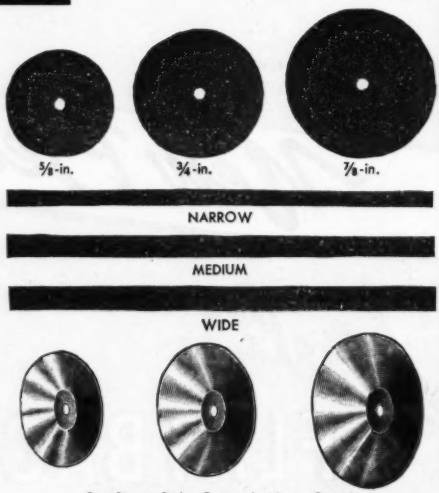

Cup Shape Disks, Cutting Inside or Outside

Order From Your Dental Dealer

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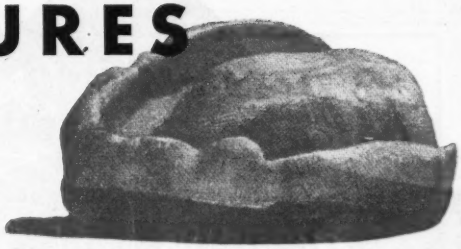
DENTURES THAT FIT



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A finished denture is no better than the impression from which it is made. By eliminating impression defects, Krex makes it possible for you to make perfect fitting dentures.

Krex impression paste is simplicity itself, for no special technique is required to mix and handle Krex. The setting time is controlled by you, and you can proceed with the assurance that you will get sharp, accurate reproductions of even the most irregular tissue formations.

IT PAYS

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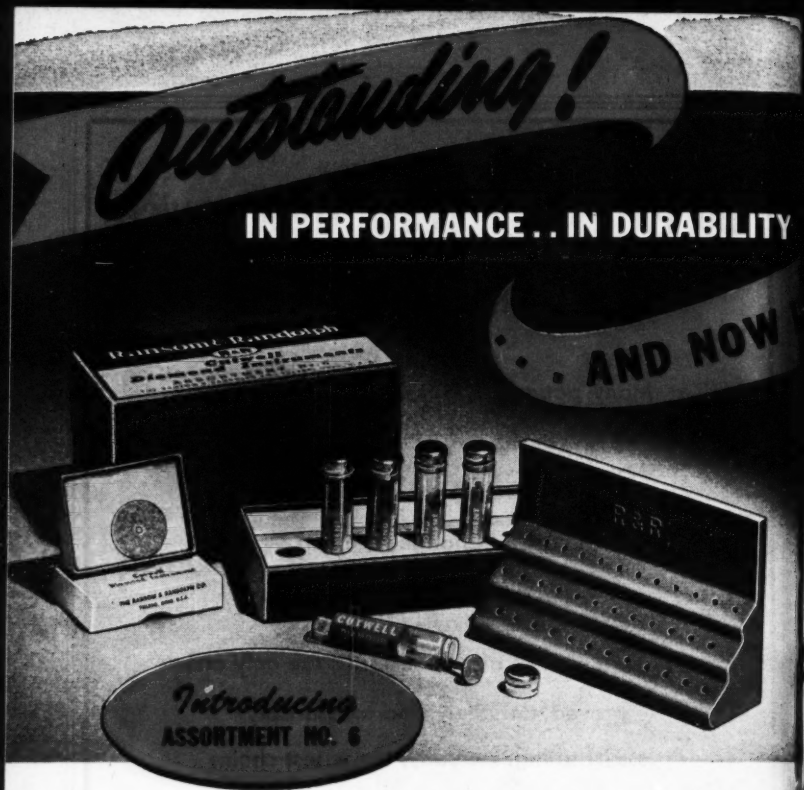

CUTWELL *Tri Bond* DIAMOND INSTRUMENTS

In the TriBond Process, used only in the production of Cutwell instruments, the sharp-edged diamond particles are *triple bonded* to the tungsten-steel base in a medium that becomes virtually integral with the steel itself, affording by far the most positive protection known against dislodgment or "peeling". Yet the actual depth of the bond is so slight that smaller diamond particles can be used than in other bonding processes, which means smoother cutting, with minimum "scoring" . . . On top of these advantages, remember—only Cutwell Diamond Instruments cut as well on the sharp angles and extreme edges as on the broader surfaces.

R&R

Extra Value!

CUTWELL DIAMOND INSTRUMENT ASSORTMENT No. 6

$23.35

TWO ASSORTMENTS $43.50

HANDY HOLDER, TOO!

An attractive 36-hole Bakelite instrument holder is included in the No. 6 Assortment without extra charge.

You Can See the Difference

Comparison under even a low-power magnifying glass will show clearly that the deposition of diamonds on Cutwell Diamond Instruments is as dense and uniform over the sharpest angles, and at the extreme edges, as on the rest of the surface. This is an *exclusive* advantage of the TriBond Process.

THESE ARE THE SIX TYPES INCLUDED IN STANDARD ASSORTMENT

If other types are desired, they may be substituted for any of these with a proportionate saving from individual instrument prices.

Note this GUARANTEE!

Cutwell Diamond Instruments are designed for use on natural teeth, and when used only for that purpose are unconditionally guaranteed against breakage, peeling, or unsatisfactory performance.

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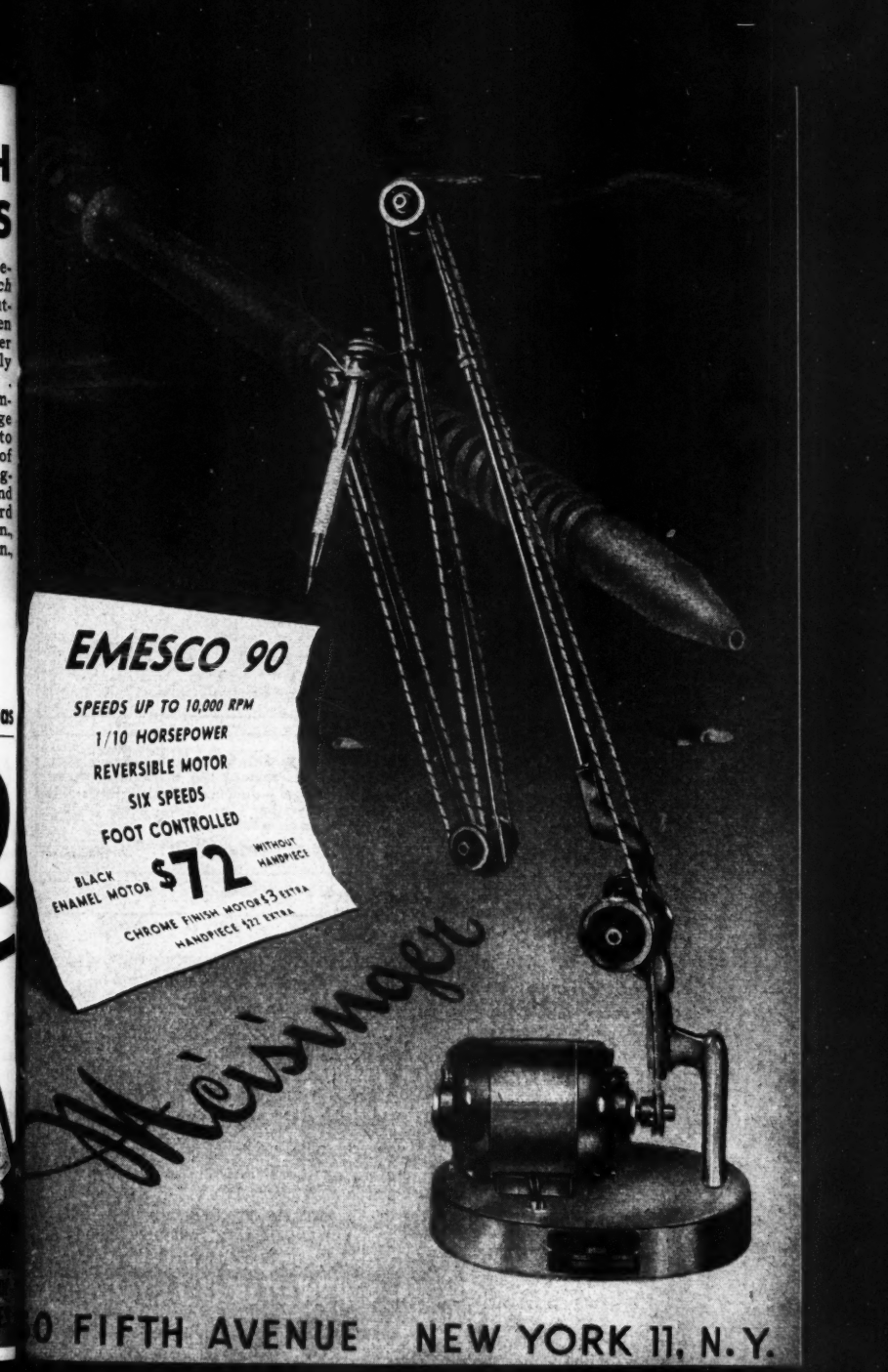
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Completely automatic mortar and pestle — an oustanding development in the trituration of amalgam. Uniform, high-quality amalgam mixes at all times.

NEW MASTER *Deluxe* DENTAL MIX

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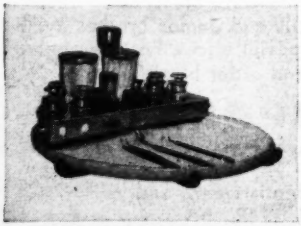

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Price: **$11.95** Complete

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ORA *Denture*

Members of the dental profession in all parts of the country have used Ora Denture Cleanser, have satisfied themselves that it is a superior compound, and have recommended it to their patients. The following excerpts from thousands of their letters are typical:

ORA *does these things . . . BETTER!*

1. Makes dentures immaculately clean.
2. Removes stains, prevents stains if used routinely.
3. Dissolves mucin and mucin plaques.
4. Prevents offensive breath due to denture not being thoroughly clean.

No Brushing. Just immerse denture in Ora solution for 15 minutes, or overnight.

ORA is guaranteed not to injure dentur

McKESSON & ROBBINS, INCORPORATED, BRIDGEPORT, CO

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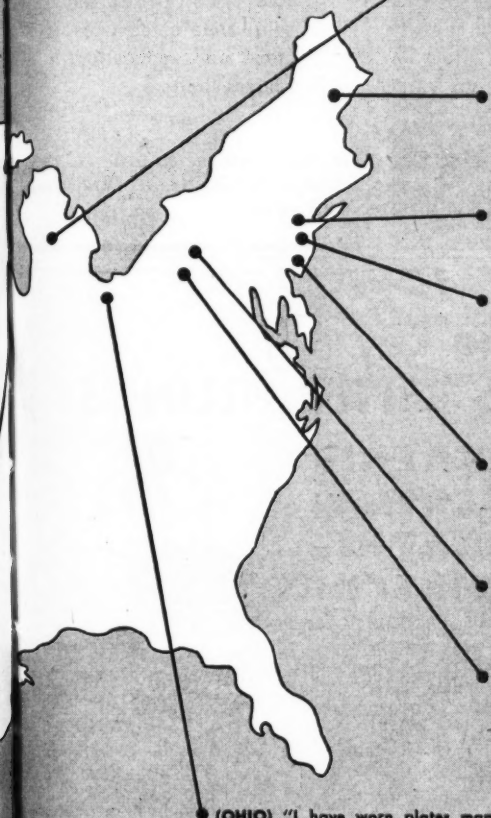
Cleanser



(OKLAHOMA) "Ora is really wonderful...I haven't found its equal in any other preparation."

(MICHIGAN) "My dentures were covered with a brown stain. I tried Ora after trying everything else, and now they look as clean and pink as when I first got them."

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(NEW YORK) "It does a perfect job of removing nicotine stains."

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(NEW JERSEY) "I have never used anything nearly so good...my mouth feels so clean and refreshed."

(PENNSYLVANIA) "The best false teeth cleanser I have ever used."

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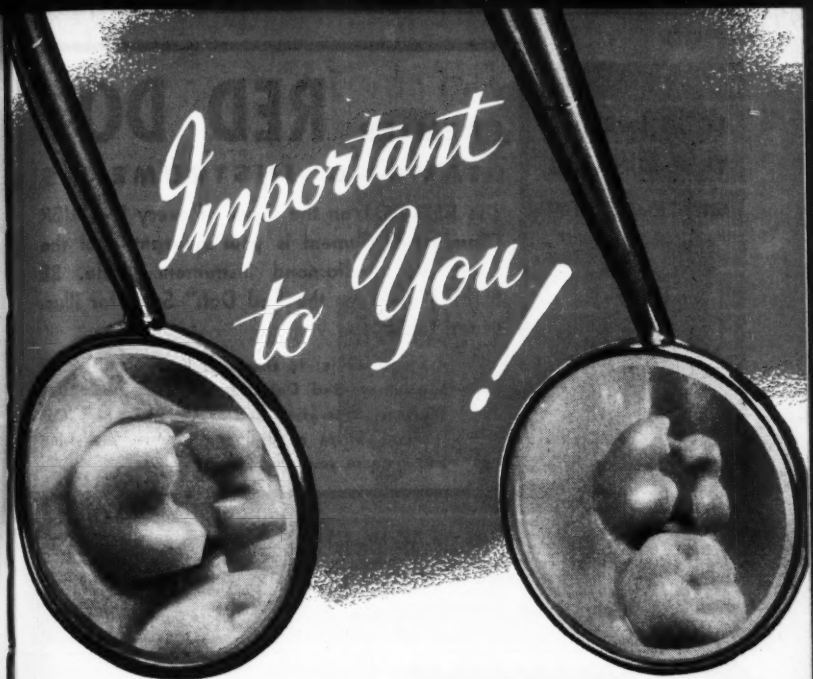

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Kerr Mirror—PLANE

ONE of the most vitally important of all dental instruments is your Mouth Mirror. For, whenever a mirror is used, you must depend on its surface for a clear view of your operating field.

Good dentistry can be done with ordinary mirrors. But far more easily and swiftly with good mirrors! Easier too on your hard-working eyes.

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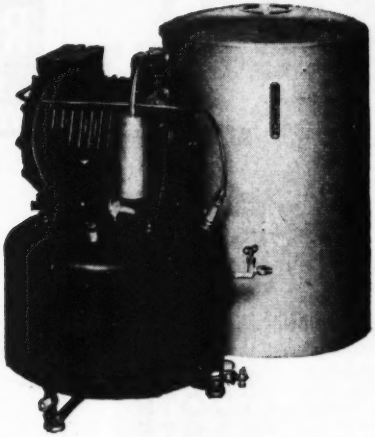

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McKesson

COMPRESSORS

feature *Quietness* and *Freedom from Trouble*

Stand beside one of the New McKesson #580 or 581 Compressors. Listen for noise. The average person cannot hear it. Lean over with your ear close to the compressor cover—now you *may* be able to hear it.

After the compressor is installed, check the oil level once every 5 to 10 years!

That's the kind of quietness and trouble-freedom that is built into every one of these new McKesson Compressors.

For more information, write for our new Compressor Pamphlet.

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EVERY DRUGGIST

now has Craig-Martin

TOOTH PASTE

—or can get it through his jobber

Bears the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

You can suggest this economical, efficient tooth paste to your patients, knowing that it is now available or can be readily supplied by any druggist you name.

10¢ Large Size
33¢ Giant Size
LARGE 10c TUBE

shown actual size

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Send samples of Craig-Martin Tooth Paste and Tooth Brushing Charts to:
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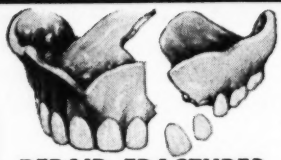
REPLACE TEETH *Instantly* WITHOUT PROCESSING



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Superb, new esthetics of the Flexseal-built Vitallium case are assurance to you and your patients that there need be no checking that flashing smile, no need for controlling facial expressions to conceal a poorly designed partial denture.

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ONLY YOUR VITALLIUM LABORATORY CAN GIVE YOU THE ADVANTAGE OF A FLEXSEAL CASE

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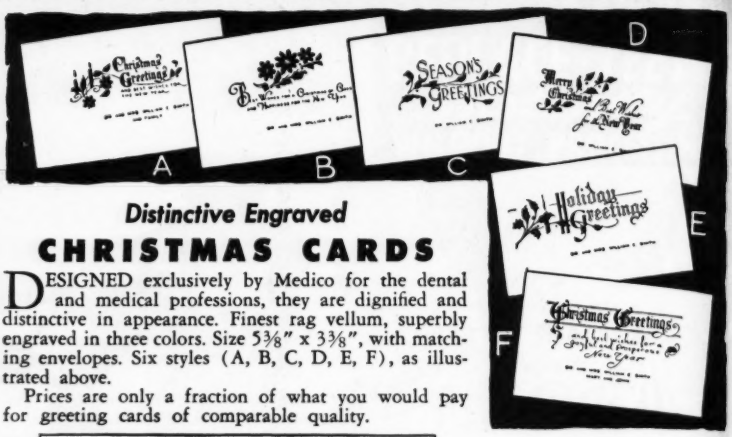

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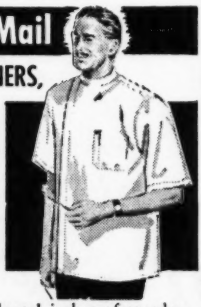

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Children's Size, $6.00 per pair
With Saliva Ejector. $11.00 per pair

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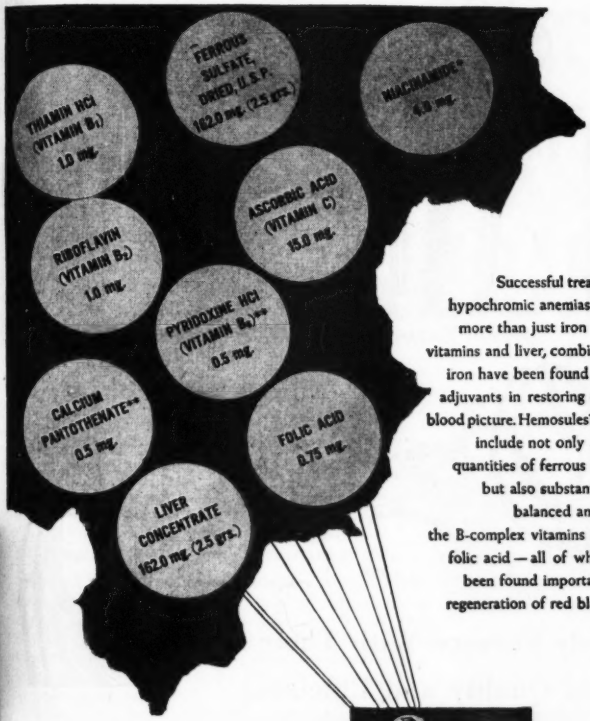

Successful treatment in hypochromic anemias calls for more than just iron salts: the vitamins and liver, combined with iron have been found effective adjuvants in restoring a normal blood picture. Hemosules† Warner include not only adequate quantities of ferrous iron salts but also substantial, well-balanced amounts of the B-complex vitamins including folic acid — all of which have been found important in the regeneration of red blood cells.

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*The minimum daily requirement for niacinamide has not been established.

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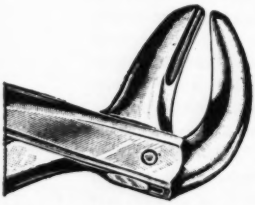

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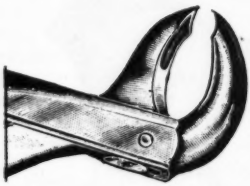

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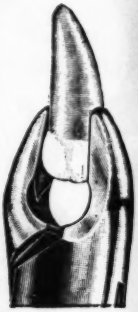

55

Hu-Friedy Forceps With Their Heritage of Quality and Efficiency

The forceps illustrated on this page have been designed and constructed in collaboration with authorities of oral surgeons and general practitioners and have been acknowledged as the most outstanding in their efficiency.

The beaks of all the forceps illustrated are built to fit the convexity of the root and eliminating contact with the crown of the tooth. The beaks will fit the topography of the root over a larger area, thereby distributing the pressure which will avoid breakage of the tooth. The two point contact has been eliminated.

Manufactured of *Immunity Steel,* properly balanced to reduce weight. The handles are so designed to render a firm and comfortable grip.

Other numbers available in addition to those illustrated are Nos. 150A, 151A, 62P, 214, 215, 6, 7 and 112.

Available through all dental supply houses.

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Eliminate FRICTIONAL HEAT

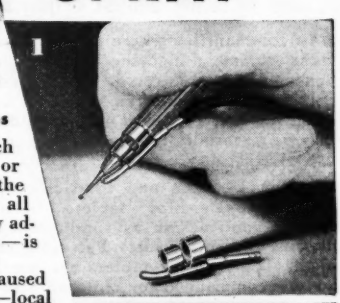
DURING CAVITY PREPARATION with

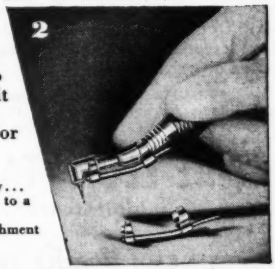
THERM-*Ex*

PATENT PENDING

SPRAY

PATIENT OPERATED: That much desired psychological distraction from the operation is provided by allowing the patient to control the Therm-Ex Spray by pressing air cut-off when sensing pain or as directed.





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Therm-Ex ejects an atomized water spray which continuously cools bur, diamond point, stone or disc — keeps these clean and sharp — flushes the cavity of debris — affords clear visibility at all times — does not flood the mouth — is readily adjusted to emit air only by the turn of a valve — is wonderfully simple for dentist and patient.

Therm-Ex practically eliminates the pain caused by frictional heat created by the rotating tool—local anesthesia is unnecessary in most cases.

Therm-Ex prevents permanent injury to tooth structure by permitting patient to indicate when danger areas are reached—reduces operating time to half. Patients request the use of Therm-Ex because it makes them so much more comfortable.

Therm-Ex is a boon to dentistry. Ask your dealer or write for FREE literature.

The *Therm-Ex* atomizer attached to your spray bottle is adjustable for air only or a saturated water spray. Rubber tubing connects atomizer with spray attachment.

The illustrations at right show...
1 *Therm-Ex* Spray attached to a straight handpiece and
2 The *Therm-Ex* Spray attachment snapped to contra-angle.

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ONE partial denture gold takes the place of many. No need to select a different alloy for each partial denture restoration. Stern 3 is an *all* purpose partial denture gold that produces dense, hard and strong castings of a beautiful light coin color. It is tough and springy, easily soldered to. You can use Stern 3 for saddles, clasps, and bars as well as one-piece castings.

Specify Stern 3 to your laboratory or write for free booklet describing this versatile casting gold.

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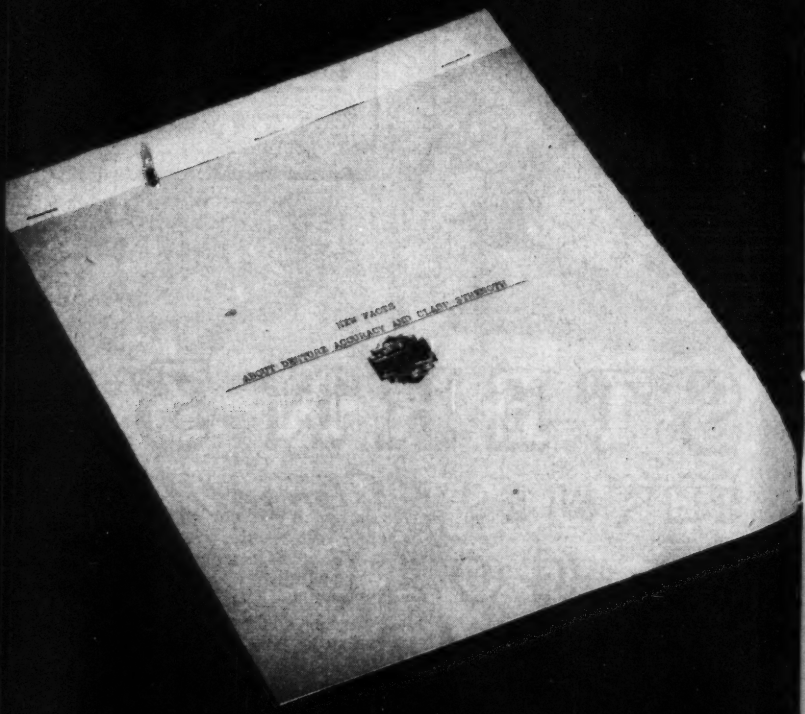

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YES! There is a Santa Claus

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No fuss or bother . . . just make an "as-is" package of it . . . ship it, direct or through your dealer, to the Dee Division of Handy & Harman . . . and back to you will come DOLLARS for Yuletide spending.

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Let's get together for a "bumper" Christmas stocking.

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PRECIOUS METAL
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My Supply House is.....

Originated over

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years ago!

still. the dentists' favorite...

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WRITE TODAY FOR INFORMATION ABOUT OUR SPECIAL-PURCHASE-OFFER TO DENTISTS

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NATURAL OR NYLON BRISTLES • BLEACHED OR UNBLEACHED • ANY HARDNESS

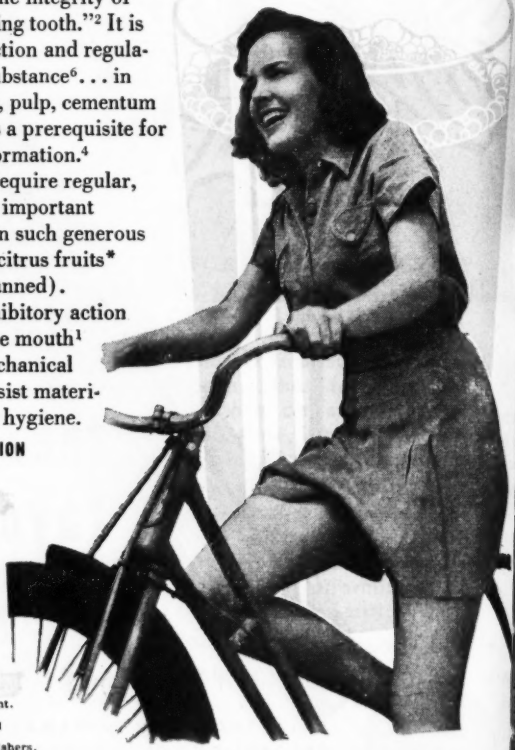
Rx better teeth through improved nutrition...

The significance of nutrition in tooth health and development[4] is receiving increasing clinical evaluation—especially the need for adequate vitamin C.

Today, vitamin C is known to be "vitally important to the integrity of the forming and growing tooth."[2] It is essential in the production and regulation of intercellular substance[6]... in the integrity of dentin, pulp, cementum and enamel[3]... and is a prerequisite for sound odontoblastic formation.[4]

Healthy gingivae[4] require regular, ample amounts of this important vitamin, too—found in such generous abundance in Florida citrus fruits* and juices (fresh or canned). Additionally, their inhibitory action on bacterial flora in the mouth[1] and their excellent mechanical detergent qualities[5] assist materially in improving oral hygiene.

FLORIDA CITRUS COMMISSION
LAKELAND, FLORIDA



**Citrus fruits are among the richest known sources of vitamin C; they also contain vitamins A, B_1, G and P; iron, calcium, citrates, citric acid and fruit sugars.*

References

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5. Schnurman, A. G.: Virginia Med. Monthly, 74:21, 1947
6. Sherman, H. C.: Chemistry of Food and Nutrition, Macmillan Co., New York, 7th ed., 1946

FLORIDA

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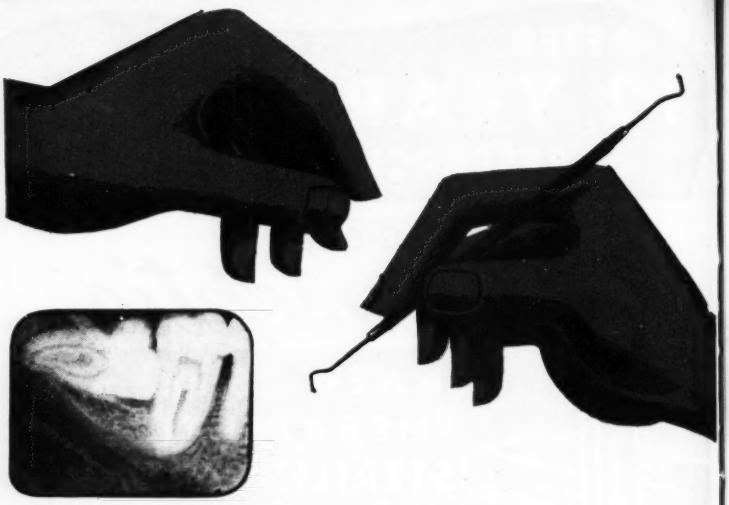

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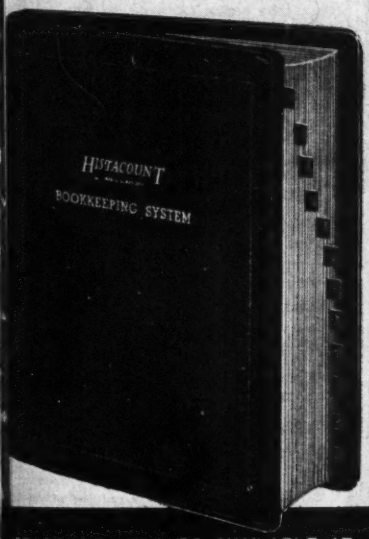

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Densene "33"

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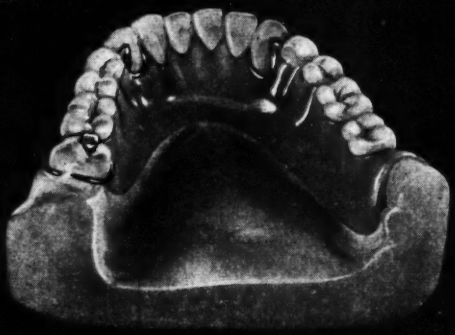

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No other resin approaches the "cast-metal-accuracy" of Densene "33," throughout processing and month service. It molds perfectly and *retains* its molded form.

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* One of the largest and most reputable laboratories in the country reported an average of only one remake for each 750 Densene "33" partial cases produced during the last year!

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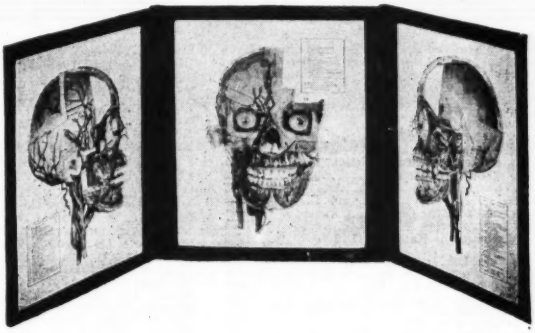

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WHO'S WHO AND WHERE

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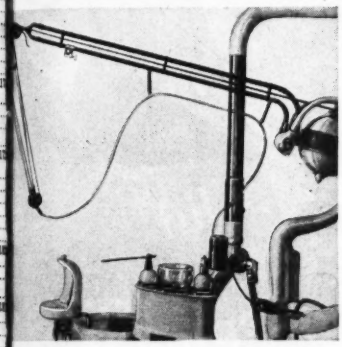

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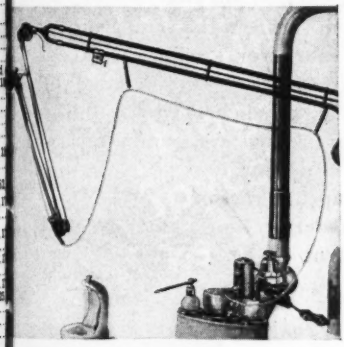

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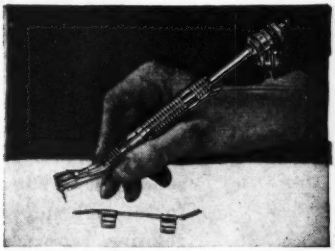

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